

Fill in this information to identify the case:

Debtor name Border Medical Specialists, P.A.  
 United States Bankruptcy Court for the: Western District of Texas  
 (State)  
 Case number (if known): 16-30078

☐ Check if this is an amended filing

Official Form 206A/B

**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.  
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ 0.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>United Bank of El Paso Del Norte</u>	<u>Checking</u>	<u>9 3 6 9</u>	\$ 8,000.00
3.2. _____	_____	_____	\$ _____

4. Other cash equivalents (Identify all)

4.1. _____	\$ _____
4.2. _____	\$ _____

5. Total of Part 1

\$ 8,000.00

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**Part 2: Deposits and prepayments**

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.  
☒ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit	
7.1. _____	\$ _____
7.2. _____	\$ _____

Debtor Border Medical Specialists, P.A.  
Name

Case number (if known) 16-30078

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. Foundation Surgical Hospital of El Paso \$ 760,000.00  
8.2. \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$ 760,000.00

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

☐ No. Go to Part 4.

☒ Yes. Fill in the information below.

**Current value of debtor's interest**

**11. Accounts receivable**

11a. 90 days old or less:	<u>\$1,272,506.84</u>	-	<u>\$0.00</u>	=	<u>→</u>	\$ <u>1,272,506.84</u>
	face amount		doubtful or uncollectible accounts			
11b. Over 90 days old:	<u>\$467,072.36</u>	-	<u>\$0.00</u>	=	<u>→</u>	\$ <u>467,072.36</u>
	face amount		doubtful or uncollectible accounts			

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ \$1,739,579.20

**Part 4: Investments**

**13. Does the debtor own any investments?**

☒ No. Go to Part 5.

☐ Yes. Fill in the information below.

**Valuation method used for current value**

**Current value of debtor's interest**

**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. \_\_\_\_\_ \$ \_\_\_\_\_  
14.2. \_\_\_\_\_ \$ \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_  
15.2. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. \_\_\_\_\_ \$ \_\_\_\_\_  
16.2. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$ 0.00

Company: (all)  
 Facility: (all)  
 Provider: (all)  
 Age: (all)  
 Group by: (none)  
 Date Type: Date of Entry  
 End Date: 01/31/2016  
 Show percentages: Yes  
 Footer: Default  
 Criteria: First Page

### Aging by Insurance Carrier

Insurance Carrier		Deposit	0 - 30	31-60	61-90	91-120	120+	Total
Not Insured	Patient	(\$1,228.22)	\$0.00	\$0.00	\$0.00	\$570.00	\$2,580.00	\$1,901.78
	%	(64.58)	0.00	0.00	0.00	29.97	134.81	0.45
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	(\$1,228.22)	\$0.00	\$0.00	\$0.00	\$570.00	\$2,580.00	\$1,901.78
	%	(64.58)	0.00	0.00	0.00	29.97	134.81	0.10
AARP Medicare Complete	Patient	(\$195.00)	\$108.95	\$0.00	\$4,283.91	\$84.16	\$8,715.60	\$12,977.62
	%	(1.50)	0.84	0.00	33.01	0.49	67.16	3.06
	Insurance	\$0.00	\$37,027.00	\$2,300.00	\$0.00	\$0.00	\$0.00	\$39,327.00
	%	0.00	94.15	5.85	0.00	0.00	0.00	2.79
	Total	(\$195.00)	\$37,135.95	\$2,300.00	\$4,283.91	\$84.16	\$8,715.60	\$52,304.62
	%	(0.37)	71.00	4.40	8.19	0.12	16.66	2.85
Aetna (hmo)	Patient	(\$200.00)	\$13.66	\$120.00	\$0.00	\$1,084.00	\$3,776.03	\$4,783.69
	%	(4.17)	0.28	2.50	0.00	22.61	78.77	1.13
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$375.92)	(\$375.92)
	%	0.00	0.00	0.00	0.00	0.00	100.00	(0.03)
	Total	(\$200.00)	\$13.66	\$120.00	\$0.00	\$1,084.00	\$3,400.11	\$4,417.77
	%	(4.53)	0.31	2.72	0.00	24.54	78.98	0.24
Aetna (ppo)	Patient	(\$3,172.94)	\$360.74	\$100.00	\$0.00	(\$30.00)	\$2,168.68	(\$573.52)
	%	553.24	(62.90)	(17.44)	0.00	5.23	(378.14)	(0.14)
	Insurance	\$0.00	\$48,650.13	(\$50.00)	\$0.00	\$0.00	\$0.00	\$48,600.13
	%	0.00	100.10	(0.10)	0.00	0.00	0.00	3.45
	Total	(\$3,172.94)	\$49,010.87	\$50.00	\$0.00	(\$30.00)	\$2,168.68	\$48,026.61
	%	(6.61)	102.05	0.10	0.00	(0.06)	4.52	2.62
Aetna -Medicare Advantage	Patient	(\$70.00)	\$0.00	\$10.00	\$0.00	\$0.00	\$914.21	\$854.21
	%	(8.19)	0.00	1.17	0.00	0.00	107.02	0.20
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	(\$70.00)	\$0.00	\$10.00	\$0.00	\$0.00	\$914.21	\$854.21
	%	(8.19)	0.00	1.17	0.00	0.00	107.02	0.05
Amerigroup-Medicaid	Patient	\$0.00	\$35.00	\$0.00	\$0.00	\$0.00	\$0.00	\$35.00
	%	0.00	100.00	0.00	0.00	0.00	0.00	0.01
	Insurance	\$0.00	\$26,229.51	\$11,212.37	\$0.00	\$0.00	\$13,786.12	\$51,228.00
	%	0.00	51.20	21.89	0.00	0.00	26.91	3.64
	Total	\$0.00	\$26,264.51	\$11,212.37	\$0.00	\$0.00	\$13,786.12	\$51,263.00
	%	0.00	51.23	21.87	0.00	0.00	26.89	2.80
Amerigroup-Medicare	Patient	\$0.00	\$400.83	\$105.00	\$35.00	\$0.00	\$12,276.10	\$12,816.93
	%	0.00	3.13	0.82	0.27	0.00	95.78	3.02
	Insurance	\$0.00	\$76,223.34	\$133,726.00	\$16,814.00	\$360.00	\$9,957.00	\$237,080.34
	%	0.00	32.15	56.41	7.09	0.15	4.20	16.83
	Total	\$0.00	\$76,624.17	\$133,831.00	\$16,849.00	\$360.00	\$22,233.10	\$249,897.27
	%	0.00	30.66	53.55	6.74	0.14	8.80	13.63
Bchs Of Texas	Patient	(\$525.00)	\$8,368.67	\$855.00	\$1,065.00	\$165.00	\$14,809.36	\$24,536.03
	%	(2.14)	34.10	2.67	4.34	0.67	60.36	5.78
	Insurance	\$0.00	\$122,445.73	\$17,502.00	\$2,402.00	\$721.88	\$1,020.00	\$144,091.61
	%	0.00	84.98	12.15	1.87	0.50	0.71	10.23
	Total	(\$525.00)	\$130,812.40	\$18,157.00	\$3,467.00	\$886.88	\$15,829.36	\$168,627.64
	%	(0.31)	77.57	10.77	2.08	0.53	9.39	9.20
Biovivir Senior Health	Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Insurance	\$0.00	\$715.00	\$650.00	\$0.00	\$0.00	\$0.00	\$1,365.00
	%	0.00	52.38	47.62	0.00	0.00	0.00	0.10
	Total	\$0.00	\$715.00	\$650.00	\$0.00	\$0.00	\$0.00	\$1,365.00
	%	0.00	52.38	47.62	0.00	0.00	0.00	0.07

Insurance Carrier		Deposit	0 - 30	31-60	61-90	91-120	120+	Total
Bravo Health	Patient	\$0.00	\$2,454.48	\$0.00	\$0.00	\$0.00	\$70.00	\$2,524.48
	%	0.00	97.23	0.00	0.00	0.00	2.77	0.59
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	\$0.00	\$2,454.48	\$0.00	\$0.00	\$0.00	\$70.00	\$2,524.48
	%	0.00	97.23	0.00	0.00	0.00	2.77	0.14
Care First Health Plan	Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,085.50	\$1,085.50
	%	0.00	0.00	0.00	0.00	0.00	100.00	0.26
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,085.50	\$1,085.50
	%	0.00	0.00	0.00	0.00	0.00	100.00	0.06
Care Improvement Plus	Patient	(\$45.00)	\$0.00	\$0.00	(\$40.00)	\$25.00	\$11,868.88	\$11,808.88
	%	(0.38)	0.00	0.00	(0.34)	0.21	100.51	2.78
	Insurance	\$0.00	\$0.00	\$782.27	\$2,735.00	\$2,402.00	\$0.00	\$5,919.27
	%	0.00	0.00	13.22	46.21	40.58	0.00	0.42
	Total	(\$45.00)	\$0.00	\$782.27	\$2,695.00	\$2,427.00	\$11,868.88	\$17,727.98
	%	(0.25)	0.00	4.41	15.20	13.69	66.96	0.97
Cigna Health and Life Insurance Company	Patient	(\$50.00)	\$168.44	\$15.28	\$195.53	\$289.19	\$1,045.47	\$1,663.91
	%	(3.00)	10.12	0.92	11.75	17.38	62.83	0.39
	Insurance	\$0.00	\$0.00	\$2,402.00	\$2,402.00	\$0.00	\$0.00	\$4,804.00
	%	0.00	0.00	50.00	50.00	0.00	0.00	0.34
	Total	(\$50.00)	\$168.44	\$2,417.28	\$2,597.53	\$289.19	\$1,045.47	\$6,467.91
	%	(0.77)	2.60	37.37	40.16	4.47	16.16	0.35
Cigna	Patient	\$0.00	(\$50.00)	\$0.00	\$0.00	\$0.00	\$0.00	(\$50.00)
	%	0.00	100.00	0.00	0.00	0.00	0.00	(0.01)
	Insurance	\$0.00	\$820.00	\$410.00	\$0.00	\$0.00	\$0.00	\$1,230.00
	%	0.00	66.67	33.33	0.00	0.00	0.00	0.09
	Total	\$0.00	\$770.00	\$410.00	\$0.00	\$0.00	\$0.00	\$1,180.00
	%	0.00	65.25	34.75	0.00	0.00	0.00	0.06
CIGNA-HeathSpring	Patient	(\$50.00)	\$4,082.19	\$141.48	\$0.00	\$50.00	\$29,429.67	\$33,653.34
	%	(0.15)	12.13	0.42	0.00	0.15	87.45	7.93
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	(\$50.00)	\$4,082.19	\$141.48	\$0.00	\$50.00	\$29,429.67	\$33,653.34
	%	(0.15)	12.13	0.42	0.00	0.15	87.45	1.84
Combined Insurance Company of America	Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Insurance	\$0.00	\$121.08	\$0.00	\$0.00	\$0.00	\$0.00	\$121.08
	%	0.00	100.00	0.00	0.00	0.00	0.00	0.01
	Total	\$0.00	\$121.08	\$0.00	\$0.00	\$0.00	\$0.00	\$121.08
	%	0.00	100.00	0.00	0.00	0.00	0.00	0.01
Compass Rose Health Plan	Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$395.56	\$395.56
	%	0.00	0.00	0.00	0.00	0.00	100.00	0.09
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$395.56	\$395.56
	%	0.00	0.00	0.00	0.00	0.00	100.00	0.02
El Paso First Health Ntwk-STAR	Patient	(\$25.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$25.00)
	%	100.00	0.00	0.00	0.00	0.00	0.00	(0.01)
	Insurance	\$0.00	\$210.00	\$0.00	\$0.00	\$0.00	\$0.00	\$210.00
	%	0.00	100.00	0.00	0.00	0.00	0.00	0.01
	Total	(\$25.00)	\$210.00	\$0.00	\$0.00	\$0.00	\$0.00	\$185.00
	%	(13.51)	113.51	0.00	0.00	0.00	0.00	0.01
El Paso First Health Ntwk-HCO	Patient	(\$120.00)	\$0.00	\$350.00	\$0.00	\$15.00	\$2,355.00	\$2,600.00
	%	(4.82)	0.00	13.46	0.00	0.58	90.58	0.81
	Insurance	\$0.00	\$38,828.00	\$14,347.00	\$0.00	\$0.00	\$757.00	\$53,932.00
	%	0.00	71.99	26.60	0.00	0.00	1.40	3.83
	Total	(\$120.00)	\$38,828.00	\$14,897.00	\$0.00	\$15.00	\$3,112.00	\$56,532.00
	%	(0.21)	68.68	26.00	0.00	0.03	5.50	3.08
El Paso First Preferred Administrators	Patient	(\$15.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$5,152.04	\$5,137.04
	%	(0.29)	0.00	0.00	0.00	0.00	100.29	1.21
	Insurance	\$0.00	\$305.00	\$44,334.00	\$0.00	\$0.00	\$0.00	\$44,639.00
	%	0.00	0.68	99.32	0.00	0.00	0.00	3.17
	Total	(\$15.00)	\$305.00	\$44,334.00	\$0.00	\$0.00	\$5,152.04	\$49,776.04
	%	(0.03)	0.61	99.07	0.00	0.00	10.35	2.72
Federated Ins	Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Insurance	\$0.00	\$39.17	\$0.00	\$0.00	\$0.00	\$0.00	\$39.17
	%	0.00	100.00	0.00	0.00	0.00	0.00	0.00
	Total	\$0.00	\$39.17	\$0.00	\$0.00	\$0.00	\$0.00	\$39.17
	%	0.00	100.00	0.00	0.00	0.00	0.00	0.00

Insurance Carrier		Deposit	0 - 30	31-60	61-90	91-120	120+	Total
First Health - GEHA	Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$3.30	\$0.00	\$3.30
	%	0.00	0.00	0.00	0.00	100.00	0.00	0.00
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$379.65	\$0.00	\$379.65
	%	0.00	0.00	0.00	0.00	100.00	0.00	0.03
	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$382.95	\$0.00	\$382.95
	%	0.00	0.00	0.00	0.00	100.00	0.00	0.02
GEHA	Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$996.70	\$996.70
	%	0.00	0.00	0.00	0.00	0.00	100.00	0.23
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$996.70	\$996.70
	%	0.00	0.00	0.00	0.00	0.00	100.00	0.05
Health Scope Benefits	Patient	(\$25.00)	\$0.00	(\$40.00)	\$0.00	\$0.00	\$25.00	(\$40.00)
	%	62.50	0.00	100.00	0.00	0.00	(62.50)	(0.01)
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	(\$25.00)	\$0.00	(\$40.00)	\$0.00	\$0.00	\$25.00	(\$40.00)
	%	62.50	0.00	100.00	0.00	0.00	(62.50)	0.00
HealthScope Benefits	Patient	(\$10.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$1,389.04	\$1,389.04
	%	(0.74)	0.00	0.00	0.00	0.00	100.74	0.32
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	(\$10.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$1,389.04	\$1,389.04
	%	(0.74)	0.00	0.00	0.00	0.00	100.74	0.07
Healthscope Benefits-TENET	Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$80.00	\$80.00
	%	0.00	0.00	0.00	0.00	0.00	100.00	0.01
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$80.00	\$80.00
	%	0.00	0.00	0.00	0.00	0.00	100.00	0.00
Healthscope	Patient	(\$25.00)	\$0.00	\$25.00	\$0.00	\$0.00	(\$10.00)	(\$10.00)
	%	250.00	0.00	(250.00)	0.00	0.00	100.00	0.00
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	(\$25.00)	\$0.00	\$25.00	\$0.00	\$0.00	(\$10.00)	(\$10.00)
	%	250.00	0.00	(250.00)	0.00	0.00	100.00	0.00
HealthSpring Well Med	Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,847.00	\$3,847.00
	%	0.00	0.00	0.00	0.00	0.00	100.00	0.91
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,847.00	\$3,847.00
	%	0.00	0.00	0.00	0.00	0.00	100.00	0.21
Humana Gold Choice	Patient	(\$70.00)	\$6,184.38	(\$153.00)	(\$268.00)	\$0.00	\$10,516.99	\$16,210.37
	%	(0.43)	38.15	(0.94)	(1.65)	0.00	84.88	3.82
	Insurance	\$0.00	\$1,435.00	\$1,340.00	\$1,846.00	\$0.00	\$0.00	\$4,420.00
	%	0.00	32.47	30.32	37.22	0.00	0.00	0.31
	Total	(\$70.00)	\$7,619.38	\$1,187.00	\$1,377.00	\$0.00	\$10,516.99	\$20,630.37
	%	(0.34)	38.93	5.75	6.67	0.00	50.98	1.13
Humana Gold Plus (HMO)	Patient	(\$305.00)	\$4,746.78	\$0.00	\$1,230.00	\$0.00	\$5,610.00	\$11,281.78
	%	(2.70)	42.07	0.00	10.90	0.00	49.73	2.86
	Insurance	\$0.00	\$0.00	\$645.00	\$0.00	\$0.00	(\$556.29)	\$88.71
	%	0.00	0.00	727.09	0.00	0.00	(627.09)	0.01
	Total	(\$305.00)	\$4,746.78	\$645.00	\$1,230.00	\$0.00	\$5,053.71	\$11,370.49
	%	(2.68)	41.75	5.67	10.82	0.00	44.45	0.62
Humana Gold Plus WELL MED	Patient	\$0.00	\$10.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.00
	%	0.00	100.00	0.00	0.00	0.00	0.00	0.00
	Insurance	\$0.00	\$11,074.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,074.00
	%	0.00	100.00	0.00	0.00	0.00	0.00	0.79
	Total	\$0.00	\$11,084.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,084.00
	%	0.00	100.00	0.00	0.00	0.00	0.00	0.60
Humana Gold Plus Well Med	Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,778.43	\$3,778.43
	%	0.00	0.00	0.00	0.00	0.00	100.00	0.89
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,778.43	\$3,778.43
	%	0.00	0.00	0.00	0.00	0.00	100.00	0.21
Humana	Patient	(\$35.00)	\$2,605.00	\$0.00	\$0.00	\$45.00	\$0.00	\$2,615.00
	%	(1.34)	99.62	0.00	0.00	1.72	0.00	0.62
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	(\$35.00)	\$2,605.00	\$0.00	\$0.00	\$45.00	\$0.00	\$2,615.00
	%	(1.34)	99.62	0.00	0.00	1.72	0.00	0.14

Insurance Carrier		Deposit	0 - 30	31-60	61-90	91-120	120+	Total
Mail Handlers	Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,294.05	\$6,294.05
	%	0.00	0.00	0.00	0.00	0.00	100.00	1.48
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,294.05	\$6,294.05
	%	0.00	0.00	0.00	0.00	0.00	100.00	0.34
Medicare Part B (Secondary)	Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.58	\$3.58
	%	0.00	0.00	0.00	0.00	0.00	100.00	0.00
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.58	\$3.58
	%	0.00	0.00	0.00	0.00	0.00	100.00	0.00
Medicare Part B	Patient	(\$306.00)	\$29,813.55	\$4,819.57	\$2,489.87	\$1,936.86	\$66,221.92	\$104,855.77
	%	(0.29)	28.41	4.59	2.35	1.85	63.10	24.73
	Insurance	\$0.00	\$167,243.51	\$305.00	\$2,760.00	\$0.00	\$0.00	\$170,328.51
	%	0.00	98.19	0.18	1.63	0.00	0.00	12.09
	Total	(\$306.00)	\$197,057.06	\$5,124.57	\$5,249.87	\$1,936.86	\$66,221.92	\$275,284.28
	%	(0.11)	71.58	1.86	1.91	0.70	24.06	15.02
Molina Healthcare of New Mexico-Centennial	Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Insurance	\$0.00	\$44,756.00	\$921.74	\$2,090.00	\$17,959.00	\$17,774.00	\$63,500.74
	%	0.00	53.80	1.10	2.50	21.51	21.29	5.93
	Total	\$0.00	\$44,756.00	\$921.74	\$2,090.00	\$17,959.00	\$17,774.00	\$63,500.74
	%	0.00	53.80	1.10	2.50	21.51	21.29	4.56
Molina Healthcare of TX MCR	Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$28.00	\$0.00	\$28.00
	%	0.00	0.00	0.00	0.00	100.00	0.00	0.01
	Insurance	\$0.00	\$650.00	\$0.00	\$0.00	\$0.00	\$0.00	\$650.00
	%	0.00	100.00	0.00	0.00	0.00	0.00	0.05
	Total	\$0.00	\$650.00	\$0.00	\$0.00	\$28.00	\$0.00	\$678.00
	%	0.00	95.87	0.00	0.00	4.13	0.00	0.04
Molina Medicaid TX	Patient	\$0.00	\$10.00	\$0.00	(\$11.10)	\$0.00	\$0.00	(\$1.10)
	%	0.00	(909.09)	0.00	1,009.09	0.00	0.00	0.00
	Insurance	\$0.00	\$10,549.03	\$0.00	\$360.00	\$2,365.00	\$0.00	\$13,274.03
	%	0.00	79.47	0.00	2.71	17.82	0.00	0.94
	Total	\$0.00	\$10,559.03	\$0.00	\$348.90	\$2,365.00	\$0.00	\$13,272.93
	%	0.00	79.55	0.00	2.63	17.82	0.00	0.72
Physicians Health Choice Well Med	Patient	\$0.00	\$3,027.81	\$0.00	\$0.00	\$0.00	\$2,980.67	\$6,008.48
	%	0.00	50.39	0.00	0.00	0.00	49.61	1.42
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	\$0.00	\$3,027.81	\$0.00	\$0.00	\$0.00	\$2,980.67	\$6,008.48
	%	0.00	50.39	0.00	0.00	0.00	49.61	0.33
Physicians Health Choice	Patient	\$0.00	\$4,379.59	\$0.00	\$0.00	\$0.00	\$9,010.08	\$13,389.67
	%	0.00	32.71	0.00	0.00	0.00	67.29	3.16
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	\$0.00	\$4,379.59	\$0.00	\$0.00	\$0.00	\$9,010.08	\$13,389.67
	%	0.00	32.71	0.00	0.00	0.00	67.29	0.73
Physicians Mutual Ins Co (Secondary)	Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40.65	\$40.65
	%	0.00	0.00	0.00	0.00	0.00	100.00	0.01
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40.65	\$40.65
	%	0.00	0.00	0.00	0.00	0.00	100.00	0.00
Presbyterian Health Plan	Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$85.00)	(\$85.00)
	%	0.00	0.00	0.00	0.00	0.00	100.00	(0.02)
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$85.00)	(\$85.00)
	%	0.00	0.00	0.00	0.00	0.00	100.00	0.00
Samba	Patient	(\$144.73)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$144.73)
	%	100.00	0.00	0.00	0.00	0.00	0.00	(0.03)
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	(\$144.73)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$144.73)
	%	100.00	0.00	0.00	0.00	0.00	0.00	(0.01)

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Insurance Carrier		Deposit	0 - 30	31-60	61-90	91-120	120+	Total
Texas Community Care	Patient	\$0.00	\$1,825.27	\$0.00	\$0.00	\$0.00	\$13,877.28	\$15,702.55
	%	0.00	11.62	0.00	0.00	0.00	88.38	3.70
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	\$0.00	\$1,825.27	\$0.00	\$0.00	\$0.00	\$13,877.28	\$15,702.55
	%	0.00	11.62	0.00	0.00	0.00	88.38	0.88
TMHP	Patient	(\$50.00)	\$0.00	\$0.00	\$30,194.00	\$0.00	(\$200.00)	\$29,944.00
	%	(0.17)	0.00	0.00	100.83	0.00	(0.67)	7.08
	Insurance	\$0.00	\$6,435.81	\$410.00	\$642.12	\$70.72	\$2,370.78	\$9,929.43
	%	0.00	64.82	4.13	6.47	0.71	23.88	0.70
	Total	(\$50.00)	\$6,435.81	\$410.00	\$30,836.12	\$70.72	\$2,170.78	\$39,873.43
	%	(0.13)	18.14	1.03	77.34	0.18	5.44	2.18
Tricare For Life	Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Insurance	\$0.00	\$255.00	\$0.00	\$0.00	\$0.00	\$0.00	\$255.00
	%	0.00	100.00	0.00	0.00	0.00	0.00	0.02
	Total	\$0.00	\$255.00	\$0.00	\$0.00	\$0.00	\$0.00	\$255.00
	%	0.00	100.00	0.00	0.00	0.00	0.00	0.01
UHC - Tricare West Region	Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Insurance	\$0.00	\$556.97	\$0.00	\$0.00	\$0.00	\$0.00	\$556.97
	%	0.00	100.00	0.00	0.00	0.00	0.00	0.04
	Total	\$0.00	\$556.97	\$0.00	\$0.00	\$0.00	\$0.00	\$556.97
	%	0.00	100.00	0.00	0.00	0.00	0.00	0.03
UHC - Triwest Healthcare Alliance West Region Cims	Patient	(\$400.00)	\$0.00	\$47.00	\$0.00	\$0.00	\$567.17	\$214.17
	%	(186.77)	0.00	21.95	0.00	0.00	264.82	0.05
	Insurance	\$0.00	\$35.36	\$0.00	\$0.00	\$0.00	\$0.00	\$35.36
	%	0.00	100.00	0.00	0.00	0.00	0.00	0.00
	Total	(\$400.00)	\$35.36	\$47.00	\$0.00	\$0.00	\$567.17	\$249.53
	%	(180.30)	14.17	18.84	0.00	0.00	227.30	0.01
UHC - WellMed	Patient	(\$70.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$2,080.45	\$2,020.45
	%	(3.46)	0.00	0.00	0.00	0.00	103.46	0.48
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	(\$70.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$2,080.45	\$2,020.45
	%	(3.46)	0.00	0.00	0.00	0.00	103.46	0.11
UHC- AARP Medicare Complete	Patient	(\$310.00)	\$9,594.90	\$773.83	\$2,793.53	\$454.68	\$24,580.37	\$37,887.31
	%	(0.82)	25.32	2.04	7.37	1.20	64.88	8.93
	Insurance	\$0.00	\$127,125.60	\$34,883.95	(\$3.98)	\$43,690.59	\$20,491.00	\$228,187.16
	%	0.00	56.20	15.42	0.00	19.32	9.06	16.06
	Total	(\$310.00)	\$136,720.50	\$35,657.78	\$2,789.55	\$44,145.27	\$45,071.37	\$264,074.47
	%	(0.12)	51.77	13.50	1.96	16.72	17.07	14.41
UHC AARP Medicare Supplement	Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$147.00)	(\$147.00)
	%	0.00	0.00	0.00	0.00	0.00	100.00	(0.03)
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$147.00)	(\$147.00)
	%	0.00	0.00	0.00	0.00	0.00	100.00	(0.01)
UHC- Dual Complete- Medicare	Patient	(\$80.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$2,183.03	\$2,103.03
	%	(3.80)	0.00	0.00	0.00	0.00	103.80	0.50
	Insurance	\$0.00	\$70,396.00	\$19,216.00	\$9,608.00	\$113.65	\$0.00	\$99,333.65
	%	0.00	70.87	19.34	9.67	0.11	0.00	7.05
	Total	(\$80.00)	\$70,396.00	\$19,216.00	\$9,608.00	\$113.65	\$2,183.03	\$101,436.68
	%	(0.08)	69.40	18.94	9.47	0.11	2.15	5.63
UMR	Patient	(\$85.00)	\$0.00	\$0.00	(\$60.00)	\$0.00	\$0.00	(\$145.00)
	%	58.62	0.00	0.00	41.38	0.00	0.00	(0.03)
	Insurance	\$0.00	\$2,300.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,300.00
	%	0.00	100.00	0.00	0.00	0.00	0.00	0.16
	Total	(\$85.00)	\$2,300.00	\$0.00	(\$60.00)	\$0.00	\$0.00	\$2,155.00
	%	(3.94)	106.73	0.00	(2.78)	0.00	0.00	0.12
United Healthcare (Choice Plan)	Patient	(\$90.00)	\$0.00	\$214.79	\$0.00	\$0.00	\$6,246.04	\$6,370.83
	%	(1.41)	0.00	3.37	0.00	0.00	98.04	1.50
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	(\$90.00)	\$0.00	\$214.79	\$0.00	\$0.00	\$6,246.04	\$6,370.83
	%	(1.41)	0.00	3.37	0.00	0.00	98.04	0.35

Insurance Carrier		Deposit	0 - 30	31-60	61-90	91-120	120+	Total
United Healthcare	Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$25.00)	(\$25.00)
	%	0.00	0.00	0.00	0.00	0.00	100.00	(0.01)
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$25.00)	(\$25.00)
	%	0.00	0.00	0.00	0.00	0.00	100.00	0.00
United Healthcare	Patient	\$0.00	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00	\$25.00
	%	0.00	0.00	0.00	100.00	0.00	0.00	0.01
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	\$0.00	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00	\$25.00
	%	0.00	0.00	0.00	100.00	0.00	0.00	0.00
United Healthcare	Patient	\$0.00	\$2,104.84	\$0.00	\$0.00	\$0.00	\$40.00	\$2,144.84
	%	0.00	98.14	0.00	0.00	0.00	1.86	0.51
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	\$0.00	\$2,104.84	\$0.00	\$0.00	\$0.00	\$40.00	\$2,144.84
	%	0.00	98.14	0.00	0.00	0.00	1.86	0.12
Veterans Administration	Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$30.00)	(\$30.00)
	%	0.00	0.00	0.00	0.00	0.00	100.00	(0.01)
	Insurance	\$0.00	\$747.00	(\$103.61)	\$747.00	\$0.00	\$9,540.00	\$10,930.39
	%	0.00	6.83	(0.95)	6.83	0.00	87.28	0.78
	Total	\$0.00	\$747.00	(\$103.61)	\$747.00	\$0.00	\$9,510.00	\$10,930.39
	%	0.00	6.85	(0.95)	6.85	0.00	87.24	0.69
Well Care Health Inc	Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$800.00	\$729.76	\$1,529.76
	%	0.00	0.00	0.00	0.00	52.30	47.70	0.36
	Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$800.00	\$729.76	\$1,529.76
	%	0.00	0.00	0.00	0.00	52.30	47.70	0.08
WellCare-Medicare	Patient	(\$75.00)	\$7,778.57	\$800.00	\$540.00	\$780.00	\$2,015.57	\$11,819.14
	%	(0.63)	65.81	6.77	4.57	6.43	17.05	2.79
	Insurance	\$0.00	\$4,075.00	\$1,338.64	\$2,402.00	\$0.00	\$0.00	\$7,816.64
	%	0.00	52.13	17.14	30.73	0.00	0.00	0.55
	Total	(\$75.00)	\$11,853.57	\$2,138.64	\$2,942.00	\$780.00	\$2,015.57	\$19,635.78
	%	(0.38)	60.37	10.90	14.98	3.87	10.26	1.07
WellMed	Patient	(\$130.00)	\$14,955.53	\$0.00	\$1,453.86	\$4,381.68	\$7,569.62	\$28,230.69
	%	(0.46)	52.98	0.00	5.15	15.52	26.81	6.65
	Insurance	\$0.00	\$81,043.00	\$0.00	\$5,213.93	\$0.00	\$0.00	\$86,256.93
	%	0.00	93.96	0.00	6.04	0.00	0.00	6.12
	Total	(\$130.00)	\$95,998.53	\$0.00	\$6,667.79	\$4,381.68	\$7,569.62	\$114,487.62
	%	(0.11)	83.85	0.00	5.82	3.83	6.81	6.25
WPS- VAPCC	Patient	(\$30.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$30.00)
	%	100.00	0.00	0.00	0.00	0.00	0.00	(0.01)
	Insurance	\$0.00	\$2,617.00	\$0.00	(\$405.29)	\$12,540.00	\$34,286.00	\$49,037.71
	%	0.00	5.34	0.00	(0.83)	25.57	69.92	3.48
	Total	(\$30.00)	\$2,617.00	\$0.00	(\$405.29)	\$12,540.00	\$34,286.00	\$49,007.71
	%	(0.06)	5.34	0.00	(0.83)	25.59	69.96	2.67
<b>Patient Total</b>		<b>(\$7,936.89)</b>	<b>\$102,977.18</b>	<b>\$7,983.95</b>	<b>\$43,906.60</b>	<b>\$10,641.87</b>	<b>\$266,778.31</b>	<b>\$424,351.02</b>
		<b>%</b>	<b>(1.87)</b>	<b>24.27</b>	<b>1.88</b>	<b>10.35</b>	<b>62.87</b>	<b>23.15</b>
<b>Insurance Total</b>		<b>\$0.00</b>	<b>\$882,908.24</b>	<b>\$286,573.36</b>	<b>\$49,431.78</b>	<b>\$80,602.49</b>	<b>\$109,048.69</b>	<b>\$1,408,565.56</b>
		<b>%</b>	<b>0.00</b>	<b>62.68</b>	<b>20.35</b>	<b>3.51</b>	<b>7.74</b>	<b>76.85</b>
<b>Total</b>		<b>(\$7,936.89)</b>	<b>\$985,885.42</b>	<b>\$294,557.31</b>	<b>\$93,338.38</b>	<b>\$91,244.36</b>	<b>\$375,826.00</b>	<b>\$1,832,916.58</b>
		<b>%</b>	<b>(0.43)</b>	<b>53.78</b>	<b>16.07</b>	<b>5.09</b>	<b>20.50</b>	



Debtor Border Medical Specialists, P.A.  
Name

Case number (if known) 16-30078

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.  
☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
	MM / DD / YYYY	\$		\$ 0.00
20. Work in progress				
	MM / DD / YYYY	\$		\$ 0.00
21. Finished goods, including goods held for resale				
	MM / DD / YYYY	\$		\$ 0.00
22. Other inventory or supplies				
See attached.	MM / DD / YYYY	\$		\$ 20,000.00
23. Total of Part 5				\$ 20,000.00
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☒ No  
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
	\$		\$
29. Farm animals Examples: Livestock, poultry, farm-raised fish			
	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)			
	\$		\$
31. Farm and fishing supplies, chemicals, and feed			
	\$		\$
32. Other farming and fishing-related property not already listed in Part 6			
	\$		\$

Debtor Border Medical Specialists, P.A.  
NameCase number (if known) 16-30078**33. Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ 0.00**34. Is the debtor a member of an agricultural cooperative?**☒ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_**36. Is a depreciation schedule available for any of the property listed in Part 6?**☒ No☐ Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**☒ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>39. Office furniture</b>			
See attached	\$ 0.00	FMV	\$ 0.00
<b>40. Office fixtures</b>			
Radiation Vaults	\$ _____	_____	\$ 50,000.00
<b>41. Office equipment, including all computer equipment and communication systems equipment and software</b>			
See attached	\$ 0.00	FMV	\$ 0.00
<b>42. Collectibles</b> <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles</i>			
42.1 Office Artwork	\$ 10,000.00	Liquidation	\$ 10,000.00
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

**43. Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 60,000.00**44. Is a depreciation schedule available for any of the property listed in Part 7?**☐ No☒ Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes

2015 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - BORDER MEDICAL SPECIALISTS, P.A.  
DBA CANCER TREATMENT INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1911	AUTO	012308	200DB	5.00	64,187.		64,187.	41,637.	0.
6	MERCEDES	053106	200DB	5.00	109,766.		109,766.	32,428.	0.
106	VEHICLES		200DB	5.00					0.
	* OTHER TOTAL -				173,953.	0.	173,953.	74,065.	0.
2	MEDICAL EQUIPMENT	080108	200DB	5.00	353,758.		353,758.	353,758.	0.
3	BAT CAM HARDWARE	103105	200DB	7.00	105,000.		105,000.	102,068.	0.
4	ECLIPSE WORKSTATION	103105	200DB	7.00	78,265.		78,265.	76,079.	0.
5	COMPUTER EQUIPMENT	103105	200DB	5.00	31,184.		31,184.	29,993.	0.
7	ULTRASOUND EQUIPMENT	043005	200DB	7.00	25,177.		25,177.	25,177.	0.
8	DELL COMPUTER	083005	200DB	5.00	14,594.		14,594.	14,405.	0.
9	SERVER & TAPE DRIVE	093005	200DB	5.00	13,268.		13,268.	13,095.	0.
10	CHILLER	120406	200DB	7.00	10,541.		10,541.	10,540.	0.
11	6 COMPUTERS & HUB	063005	200DB	5.00	10,823.		10,823.	10,823.	0.
12	EQUIPMENT	050708	200DB	5.00	9,614.		9,614.	9,614.	0.
13	SALES TAX ON EQUIPMENT	013105	200DB	7.00	11,444.		11,444.	11,444.	0.
14	CHILLER	073005	200DB	7.00	10,541.		10,541.	10,442.	0.
15	EQUIPMENT	060208	200DB	5.00	5,661.		5,661.	5,661.	0.
16	BOWFLEX WEIGHT SCALE	053105	200DB	7.00	1,944.		1,944.	1,944.	0.
17	NETWORK HUB	093005	200DB	5.00	4,712.		4,712.	4,650.	0.
18	EQUIPMENT	060208	200DB	5.00	3,953.		3,953.	3,953.	0.
19	6 MONITORS	063005	200DB	5.00	3,892.		3,892.	3,892.	0.
20	SALES TAX ON LEASED EQUIPMENT	113004	200DB	5.00	12,802.		12,802.	12,802.	0.
21	MEDICAL EQUIPMENT	050708	200DB	5.00	3,135.		3,135.	3,135.	0.
22	SALES TAX	103105	200DB	7.00	3,816.		3,816.	3,709.	0.
23	DELL COMPUTER	013105	200DB	5.00	3,245.		3,245.	3,245.	0.
24	DELL COMPUTER	033105	200DB	5.00	2,461.		2,461.	2,461.	0.
25	TOSHIBA LAPTOP	013105	200DB	5.00	2,120.		2,120.	2,120.	0.
26	WELLNESS CTR EQUIPMENT	112106	200DB	7.00	1,402.		1,402.	1,347.	0.
27	DELL COMPUTER	022805	200DB	5.00	1,258.		1,258.	1,258.	0.
28	DELL COMPUTER	033105	200DB	5.00	1,238.		1,238.	1,238.	0.
29	SOFTWARE SUPPORT	060208	200DB	3.00	7,325.		7,325.	7,325.	0.
30	FURNITURE	103104	200DB	7.00	829.		829.	829.	0.
31	GE #7	030107	200DB	7.00	1,410,871.		1,410,871.	1,410,871.	0.
32	VAULT WEST	120406	200DB	7.00	502,603.		502,603.	455,733.	0.

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(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

## 2015 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -      BORDER MEDICAL SPECIALISTS, P.A.  
DBA CANCER TREATMENT INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
33	COMPUTER EQUIPMENT	012307200DB	7.00		36,197.		36,197.	30,049.	0.
34	ULTRASOUND EQUIPMENT	043005200DB	7.00		25,624.		25,624.	25,624.	0.
35	IMRT HARDWARE	103105200DB	7.00		2,811.		2,811.	2,640.	0.
36	VACUUM	123104200DB	7.00		1,076.		1,076.	1,076.	0.
37	FILSTRINE MACHINE	022807200DB	7.00		4,801.		4,801.	4,312.	0.
38	MED TEC	032707200DB	7.00		5,690.		5,690.	5,110.	0.
39	SCANNER	052107200DB	7.00		1,197.		1,197.	1,075.	0.
40	PORTAL DES SYS	101206200DB	5.00		43,000.		43,000.	41,725.	0.
41	COPY PRINTER	102407200DB	7.00		2,958.		2,958.	2,655.	0.
107	EQUIPMENT		200DB	5.00					0.
115	DESIGNERS MART	092810200DB	5.00		58,535.	58,535.			0.
118	REFRIDERATOR	121510200DB	5.00		14,147.	14,147.			0.
124#1	LIGHTSPEED RT16 INJECTOR - GE LEASE								
125	MAPCHECK2 EQUIPMENT - GE LEASE	022811200DB	5.00		994,404.	994,404.			0.
130	SBRT BODY - GE LEASE	063011200DB	5.00		123,035.	123,035.			0.
132	VARIAN EQUIPMENT	080111200DB	5.00		156,778.	156,778.			0.
137	DELL COMPUTER	101112200DB	5.00		3,000.	1,500.	1,500.	987.	205.
139	DELL COMPUTER	103113200DB	5.00		2,595.	1,298.	1,297.	674.	249.
	* OTHER TOTAL -	100814200DB	5.00		1,677.	839.	838.	42.	318.
					4,125,001.	1,350,536.	2,774,465.	2,709,580.	772.
42	FURNITURE	043007200DB	7.00		15,919.		15,919.	14,294.	0.
43	SHUTTERS	063005200DB	7.00		1,200.		1,200.	1,200.	0.
44	SHUTTERS	083105200DB	7.00		1,200.		1,200.	1,189.	0.
45	MODULAR FURNITURE	100106200DB	7.00		9,843.		9,843.	9,459.	0.
46	FURNITURE AMERICAN	063006200DB	7.00		9,328.		9,328.	9,328.	0.
47	OFFICE FURNITURE	033105200DB	7.00		10,983.		10,983.	10,983.	0.
48	ORIENTAL RUG	083105200DB	7.00		10,000.		10,000.	9,907.	0.
49	JUKEBOX	040803200DB	7.00		7,055.		7,055.	7,055.	0.
50	OFFICE FURNITURE	033105200DB	7.00		5,000.		5,000.	5,000.	0.
51	DECORATIONS	013105200DB	7.00		3,695.		3,695.	3,695.	0.
52	OFFICE FURNITURE	103105200DB	7.00		3,020.		3,020.	2,936.	0.
53	MIRRORS	050503200DB	7.00		4,399.		4,399.	4,399.	0.
54	12 CHAIRS	033106200DB	7.00		2,316.		2,316.	2,316.	0.
55	CHAIRS	032805200DB	7.00		2,581.		2,581.	2,581.	0.

425103  
05-01-14

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3080, Commercial Revitalization Deduction, GO Zone

2015 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - BORDER MEDICAL SPECIALISTS, P.A.  
DBA CANCER TREATMENT INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
56	FILE CABINETS	0429062000	DE	7.00	1,848.		1,848.	1,848.	0.
57	OFFICE DECOR	0930052000	DE	7.00	2,174.		2,174.	2,154.	0.
58	DESKS CREDEENZA	1003062000	DE	7.00	1,394.		1,394.	1,338.	0.
59	OFFICE FURNITURE	0331052000	DE	7.00	2,032.		2,032.	2,032.	0.
60	CHAIRS	0921062000	DE	7.00	1,200.		1,200.	1,076.	0.
61	CHAIRS	0630052000	DE	7.00	1,516.		1,516.	1,516.	0.
62	FIXTURES ART	1027032000	DE	7.00	2,771.		2,771.	2,771.	0.
63	SHELVES	0921062000	DE	7.00	780.		780.	772.	0.
64	SHELVES	0921062000	DE	7.00	710.		710.	699.	0.
65	ORIENTAL RUG	0831052000	DE	7.00	800.		800.	792.	0.
66	FIXTURES ART / DECOR	0925032000	DE	7.00	1,635.		1,635.	1,635.	0.
67	FIXTURES ART / DECOR	0924032000	DE	7.00	1,589.		1,589.	1,589.	0.
68	CARPET & BASE	1229032000	DE	7.00	1,478.		1,478.	1,478.	0.
69	PINTS CHARMIN	1231042000	DE	7.00	1,249.		1,249.	1,249.	0.
70	DECORATIONS	0131052000	DE	7.00	601.		601.	601.	0.
71	CHAIRS	0624032000	DE	7.00	1,074.		1,074.	1,074.	0.
72	FURNITURE	1229032000	DE	7.00	900.		900.	900.	0.
73	FIXTURES ART	0627982000	DE	7.00	1,516.		1,516.	1,516.	0.
74	BOOK SHELVES	0517012000	DE	7.00	1,036.		1,036.	1,036.	0.
75	AFRICAN RUG	0531052000	DE	7.00	306.		306.	306.	0.
76	VARIOUS FURNITURE	1027032000	DE	7.00	24,081.		24,081.	24,081.	0.
77	FURNITURE	0430032000	DE	7.00	7,800.		7,800.	7,800.	0.
78	FURNITURE	0528032000	DE	7.00	5,573.		5,573.	5,573.	0.
79	FIXTURES ART / DECOR	1224032000	DE	7.00	1,704.		1,704.	1,704.	0.
80	FIXTURES	0428032000	DE	7.00	843.		843.	843.	0.
81	FIXTURES ART / DECOR	0925032000	DE	7.00	309.		309.	309.	0.
82	FURNITURE & FIXTURES	0331972000	DE	7.00	5,852.		5,852.	5,852.	0.
83	FURNITURE & FIXTURES	0430972000	DE	7.00	4,928.		4,928.	4,928.	0.
84	FURNITURE & FIXTURES	0531972000	DE	7.00	2,793.		2,793.	2,793.	0.
85	FURNITURE & FIXTURES	0731972000	DE	7.00	2,543.		2,543.	2,543.	0.
86	FURNITURE	0930972000	DE	7.00	514.		514.	514.	0.
87	FURNITURE	0625032000	DE	7.00	8,048.		8,048.	8,048.	0.
88	FURNITURE	0723032000	DE	7.00	9,011.		9,011.	9,011.	0.
89	FURNITURE	0924032000	DE	7.00	5,760.		5,760.	5,760.	0.

428103  
06-01-14

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

## 2015 DEPRECIATION AND AMORTIZATION REPORT

-- NEXT YEAR FEDERAL --      BORDER MEDICAL SPECIALISTS, P.A.  
DBA CANCER TREATMENT INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
90	FURNITURE	1027032000	DB	7.00	847.		847.		0.
91	FURNITURE	1027032000	DB	7.00	1,123.		1,123.		0.
92	FURNITURE	1027032000	DB	7.00	3,150.		3,150.		0.
93	FURNITURE	1027032000	DB	7.00	9,774.		9,774.		0.
94	FURNITURE	1124032000	DB	7.00	325.		325.		0.
95	FURNITURE	1124032000	DB	7.00	799.		799.		0.
96	FURNITURE	1124032000	DB	7.00	1,990.		1,990.		0.
108	FURNITURE & FIXTURES								0.
126	OFFICE ART	0106112000	DB	7.00	1,442.	1,442.			0.
127	OFFICE FURNITURE	0919112000	DB	7.00	55,015.	55,015.			0.
	* OTHER TOTAL -				267,372.	56,457.			0.
104	COMPUTER SOFTWARE	0121082000	DB	3.00	10,392.		210,915.	208,484.	0.
105	VARIAN	1222082000	DB	3.00	37,091.		10,392.	10,392.	0.
109	COMPUTER SOFTWARE						37,091.	37,091.	0.
116	MACXPTRS	0907102000	DB	3.00	2,764.	1,382.	1,382.	1,382.	0.
134	BARCODE SOFTWARE	0130132000	DB	3.00	2,619.	1,310.	1,309.	1,018.	194.
135	ADOBE SOFTWARE	0130132000	DB	3.00	2,813.	1,407.	1,406.	1,094.	208.
136	APPLE STORE SOFTWARE	0329132000	DB	3.00	1,189.	595.	594.	462.	88.
	* OTHER TOTAL -				56,868.	4,694.	52,174.	51,439.	490.
97	VAULT LEASE #6	123103SL		39.00	600,171.		600,171.	169,920.	15,389.
98	10400 VISTA DEL SOL	071803SL		39.00	27,200.		27,200.	19,686.	697.
99	AUTOMATIC DOORS	122903SL		39.00	5,195.		5,195.	3,732.	133.
100	VAULT	1231042000	DB	7.00	146,513.		146,513.	142,147.	0.
101	LEASEHOLD IMPROVEMENTS	0701071500	DB	15.00	36,145.		36,145.	18,915.	2,136.
102	ELECTRIC FOR EQUIP	0927062000	DB	7.00	3,531.		3,531.	3,484.	0.
103	DELL MARKETING	1031062000	DB	5.00	4,328.		4,328.	4,148.	0.
110	LEASEHOLD IMPROVEMENTS								0.
	* OTHER TOTAL -				823,083.	0.	823,083.	362,032.	18,355.
119	WEST SIDE BUILDING								0.
120	RADIATION VAULT	1215102000	DB	7.00	2,023,824.	2,023,824.			0.
121	LAND IMPROVEMENTS	1215101500	DB	15.00	605,741.	605,741.			0.
122	EQUIPMENT ELECTRICAL	1215102000	DB	7.00	590,892.	590,892.			0.
123	LEASEHOLD IMPROVEMENTS	121510SL		39.00	2,748,795.		2,748,795.	284,857.	70,479.
128	FORET & HIGH POINT SETTLEMENT	120511SL		39.00	165,284.		165,284.	12,891.	4,238.

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(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2015 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - BORDER MEDICAL SPECIALISTS, P.A.  
DBA CANCER TREATMENT INSTITUTE

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
133	LAWSUIT SETTLEMENT	071512SL		39.00	198,000.		198,000.	12,481.	5,077.
	* OTHER TOTAL -				6,332,536.	3,220,457.	3,112,079.	310,229.	79,794.
129	LEASEHOLD IMPROVEMENT WESTSIDE	090711SL		39.00	247,709.		247,709.	20,909.	6,352.
131	LEASEHOLD IMPROVEMENT WESTSIDE	042512SL		39.00	134,395.		134,395.	9,337.	3,446.
138	LEASEHOLD IMPROVEMENT WESTSIDE	050613SL		39.00	108,845.		108,845.	4,538.	2,791.
	* OTHER TOTAL -				490,949.	0.	490,949.	34,784.	12,589.
	* GRAND TOTAL OTHER DEPRECIATION								112,000.

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(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

Debtor Border Medical Specialists, P.A.  
NameCase number (if known) 16-30078**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 <u>2005 Chevrolet SSR 1GCES14H95B117724</u>	\$ <u>19,447.00</u>	<u>Blue Book</u>	\$ <u>19,447.00</u>
47.2 <u>2013 Mercedes Benz G550 WDCY7DF5DX214104</u>	\$ <u>79,000.00</u>	<u>Blue Book</u>	\$ <u>79,000.00</u>
47.3 <u>2008 Dodge Sprinter Wagon WDWPE745588240154</u>	\$ <u>12,000.00</u>	<u>Blue Book</u>	\$ <u>12,000.00</u>
47.4 _____	\$ _____	_____	\$ _____
<b>48. Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
<b>49. Aircraft and accessories</b>			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
_____	\$ _____	_____	\$ _____
<b>51. Total of Part 8.</b> Add lines 47 through 50. Copy the total to line 87.			<b>\$ 110,447.00</b>

**52. Is a depreciation schedule available for any of the property listed in Part 8?**☐ No☒ Yes**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes



Debtor Border Medical Specialists, P.A.  
NameCase number (if known) 16-30078**Part 9: Real property****54. Does the debtor own or lease any real property?**☐ No. Go to Part 10.☒ Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest****Description and location of property**  
Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.**Nature and extent of debtor's interest in property****Net book value of debtor's interest**  
(Where available)**Valuation method used for current value****Current value of debtor's interest**55.1 1400 George Dieter, Ste. 170Leasehold\$ 0.00\$ 0.0055.2 7825 North Mesa StreetLeasehold\$ 0.00\$ 0.00

55.3 \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

55.4 \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

55.5 \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

55.6 \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 0.00**57. Is a depreciation schedule available for any of the property listed in Part 9?**☒ No☐ Yes**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**☒ No☐ Yes**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**☒ No. Go to Part 11.☐ Yes. Fill in the information below.**General description****Net book value of debtor's interest**  
(Where available)**Valuation method used for current value****Current value of debtor's interest****60. Patents, copyrights, trademarks, and trade secrets**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**61. Internet domain names and websites**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**62. Licenses, franchises, and royalties**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**63. Customer lists, mailing lists, or other compilations**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**64. Other intangibles, or intellectual property**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**65. Goodwill**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$ 0.00

Debtor Border Medical Specialists, P.A.  
Name

Case number (if known) 16-30078

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes. Fill in the information below.

Current value of  
debtor's interest

71. Notes receivable

Description (include name of obligor)

Shareholder Notes

\$578,731.60 — \$0.00 = \$ 578,731.60  
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Federal Tax Losses

Tax year 2010 \$ \$718,942.00  
Tax year \_\_\_\_\_ \$ \_\_\_\_\_  
Tax year \_\_\_\_\_ \$ \_\_\_\_\_

73. Interests in insurance policies or annuities

\$ 0.00

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\$ \_\_\_\_\_

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\$ \_\_\_\_\_

\$ \_\_\_\_\_

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

**\$ 1,297,673.60**

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

Debtor Border Medical Specialists, P.A.  
NameCase number (if known) 16-30078**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 8,000.00	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 760,000.00	
82. Accounts receivable. Copy line 12, Part 3.	\$ 1,739,579.20	
83. Investments. Copy line 17, Part 4.	\$ 0.00	
84. Inventory. Copy line 23, Part 5.	\$ 20,000.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 60,000.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 110,447.00	
88. Real property. Copy line 56, Part 9. .... →		\$ 0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0.00	
90. All other assets. Copy line 78, Part 11.	+ \$ 1,297,673.60	
91. Total. Add lines 80 through 90 for each column. .... 91a.	\$ 3,716,068.20	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. ....		\$ 3,995,699.80

Fill in this information to identify the case:

Debtor name Border Medical Specialists, P.A.  
 United States Bankruptcy Court for the: Western District of Texas  
 (State)  
 Case number (if known): 16-30078

☐ Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A  
Amount of claim  
Do not deduct the value of collateral.

Column B  
Value of collateral that supports this claim

2.1 Creditor's name United Bank of El Paso Del Norte Describe debtor's property that is subject to a lien  
Blanket lien on equipment and accounts receivable. \$ 2,400,000.00 \$ 3,995,699.80

Creditor's mailing address

c/o Kemp Smith, P.O. Box 2800

El Paso, Texas 79999-2800

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No  
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

UCC filed of record with Texas SOS on 1/15/09

Is the creditor an insider or related party?

- ☒ No  
☐ Yes

Is anyone else liable on this claim?

- ☐ No  
☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

2.2 Creditor's name General Electric Capital Corporation

Creditor's mailing address

c/o Locke Lord, LLP, 600 Travis St.

Suite 2800, Houston, TX 77002

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No  
☐ Yes. Have you already specified the relative priority?  
☐ No. Specify each creditor, including this creditor, and its relative priority.

- ☐ Yes. The relative priority of creditors is specified on lines

Describe debtor's property that is subject to a lien

Certain equipment which is to be surrendered by the Debtor. \$ 1,784,645.78 \$ Unknown

Describe the lien

UCC

Is the creditor an insider or related party?

- ☒ No  
☐ Yes

Is anyone else liable on this claim?

- ☐ No  
☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$

Debtor Border Medical Specialists, P.A.  
Name

Case number (if known) 16-30078



**Part 1: Additional Page**

**Column A**  
**Amount of claim**  
Do not deduct the value of collateral.

**Column B**  
**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<p><b>2.</b> Creditor's name <u>Dell Financial Services, LLC</u></p> <p>Creditor's mailing address <u>Mail Stop-PS2DF-23, One Dell Way</u> <u>Round Rock, Texas 78682</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____ Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien <u>Certain computer equipment</u> \$ <u>0.00</u> \$ <u>Unknown</u> <u>Claim paid off. Scheduled since UCC</u> <u>is still filed of record.</u></p> <p>Describe the lien <u>UCC filed of record with Texas SOS.</u></p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p>
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<p><b>2.</b> Creditor's name _____</p> <p>Creditor's mailing address _____ _____ _____</p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____ Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien _____ \$ _____ \$ _____ _____</p> <p>Describe the lien _____</p> <p>Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>
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Fill in this information to identify the case:

Debtor Border Medical Specialists, P.A.  
 United States Bankruptcy Court for the: Western District of Texas  
 Case number 16-30078  
 (If known)

☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.  
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Total claim	Priority amount
2.1	<p><u>El Paso Tax Assessor/Collector</u>  <u>221 N. Kansas, Suite 300</u>  <u>El Paso, Texas 79901</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>0 3 3 4</u></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	<p>Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim:  <u>Personal Property Taxes (7825 N. Mesa)</u></p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$ <u>1,048.60</u>	\$ <u>1,048.60</u>
2.2	<p><u>El Paso Tax Assessor/Collector</u>  <u>221 N. Kansas, Suite 300</u>  <u>El Paso, Texas 79901</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>0 0 5 0</u></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	<p>Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim:  <u>Personal Property Taxes (1400 George Dieter)</u></p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$ <u>20,901.00</u>	\$ <u>20,901.00</u>
2.3	<p>_____                  _____                  _____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	<p>Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim:                  _____</p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$ _____	\$ _____

Debtor Border Medical Specialists, P.A.  
NameCase number (if known) 16-30078**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<b>3.1</b> Nonpriority creditor's name and mailing address <u>Accelerator Service &amp; Parts, LLC</u> <u>c/o Stuart Schwartz, Esq., ScottHulse Law Firm</u> <u>201 E Main Street, El Paso, Texas 79901</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 895,595.00</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Default Judgment</u>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.2</b> Nonpriority creditor's name and mailing address <u>Key Equipment Finance, Inc.</u> <u>c/o Clyde Pine, Esq., Stanton Tower</u> <u>100 N. Stanton, Suite 1000, El Paso, Texas 79901</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 8,000,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Judgment</u>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.3</b> Nonpriority creditor's name and mailing address <u>General Electric Capital Corporation</u> <u>c/o Locke Lord, LLP, 600 Travis, Street, Suite 2800</u> <u>Houston, Texas 77002</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ Unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Deficiency after collateral surrendered</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<b>3.4</b> Nonpriority creditor's name and mailing address <u>Abbvie</u> <u>1 North Waukegan Road</u> <u>North Chicago, IL 60064</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 3,212.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.5</b> Nonpriority creditor's name and mailing address <u>Transtelco, Inc.</u> <u>500 W. Overland Ave., Suite 310</u> <u>El Paso, Texas 79901</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 920.11</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.6</b> Nonpriority creditor's name and mailing address <u>Southwestern Mill Distributors, Inc.</u> <u>310 N. Dallas Street, P.O. Box 1202</u> <u>El Paso, Texas 79947</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 109.22</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes



Debtor Border Medical Specialists, P.A.  
Name

Case number (if known) 16-30078

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address <u>The New England Journal of Medicine</u> <u>860 Winter Street</u> <u>Waltham, MA 02451</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ <u>99.00</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>Medical Billing Unlimited, Inc.</u> <u>5959 Gateway West, Suite 120</u> <u>El Paso, Texas 79925</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>7,912.76</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>Precess Medical Derivatives, Inc.</u> <u>404 White Oak Ridge Road</u> <u>Short Hills, NJ 07078</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>11,250.00</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>Henry Schein</u> <u>135 Duryea Road</u> <u>Melville, NY 11747</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>34.87</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>Trane US, Inc.</u> <u>PO Box 845053</u> <u>Dallas, Texas 75284</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>474.33</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Border Medical Specialists, P.A.  
Name

Case number (if known) 16-30078

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<p><b>3.1</b> Nonpriority creditor's name and mailing address</p> <p><u>Shred-it USA, LLC d/b/a Shred-it Albuquerque</u></p> <p><u>1415 F1 Broadway Blvd. NE</u></p> <p><u>Albuquerque, NM 87102</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 45.87</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.2</b> Nonpriority creditor's name and mailing address</p> <p><u>Stericycle, Inc.</u></p> <p><u>P.O. Box 6578</u></p> <p><u>Carol Stream, IL 60197-6578</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 152.88</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.3</b> Nonpriority creditor's name and mailing address</p> <p><u>CNMC</u></p> <p><u>865 Easthagan Drive</u></p> <p><u>Nashville, TN 37217</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 357.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.4</b> Nonpriority creditor's name and mailing address</p> <p><u>Mission Linen &amp; Uniform Service</u></p> <p><u>1409 Texas Avenue</u></p> <p><u>El Paso, Texas 79901</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 774.76</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.5</b> Nonpriority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ _____</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.6</b> Nonpriority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ _____</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Debtor Border Medical Specialists, P.A.  
Name

Case number (if known) 16-30078

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

**5. Add the amounts of priority and nonpriority unsecured claims.**

**Total of claim amounts**

5a. Total claims from Part 1

5a. \$ 21,949.60

5b. Total claims from Part 2

5b. + \$ 8,920,937.80

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

5c. \$ 8,942,887.40

Fill in this information to identify the case:

Debtor name Border Medical Specialists, P.A.

United States Bankruptcy Court for the: Western District of Texas  
(State)

Case number (if known): 16-30078 Chapter 11

☐ Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Commercial Lease Agreement</u> <u>Leasehold Interest</u>	<u>Foundation Surgical Hospital of El Paso</u> <u>1416 George Dieter Dr, El Paso, Texas 79936</u> <u>CONTRACT TO BE ASSUMED</u>
	State the term remaining		
	List the contract number of any government contract		
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Commercial Lease Agreement</u> <u>Leasehold Interest</u>	<u>LaDiDa Land Company</u> <u>4925 Olmos Street, El Paso, Texas 79922</u> <u>CONTRACT TO BE ASSUMED</u>
	State the term remaining	<u>Through December 14, 2016 w/ automatic renewal.</u>	
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest	<u>Equipment Servicing Agreement</u>	<u>Varian Medical System</u> <u>3100 Hansen Way, Palo Alto, CA 94304</u> <u>CONTRACT TO BE ASSUMED</u>
	State the term remaining		
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.5	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:		
Debtor name	<u>Border Medical Specialists, P.A.</u>	
United States Bankruptcy Court for the:	<u>Western</u>	District of <u>Texas</u> (State)
Case number (if known):	<u>16-30078</u>	Chapter <u>11</u>

☐ Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Commercial Lease Agreement</u> <u>Leasehold Interest</u>	<u>Foundation Surgical Hospital of El Paso</u> <u>1416 George Dieter Dr, El Paso, Texas 79936</u> <u>CONTRACT TO BE ASSUMED</u>
	State the term remaining	<u>7 years remaining on the lease.</u>	
	List the contract number of any government contract	<u>Through October 31, 2023.</u>	
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Commercial Lease Agreement</u> <u>Leasehold Interest</u>	<u>LaDiDa Land Company</u> <u>4925 Olmos Street, El Paso, Texas 79922</u> <u>CONTRACT TO BE ASSUMED</u>
	State the term remaining	<u>Through December 31, 2020 w/</u>	
	List the contract number of any government contract	<u>possible renewal.</u>	
2.3	State what the contract or lease is for and the nature of the debtor's interest	<u>Equipment Servicing Agreement</u>	<u>Varian Medical System</u> <u>3100 Hansen Way, Palo Alto, CA 94304</u> <u>CONTRACT TO BE ASSUMED</u>
	State the term remaining		
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.5	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name Border Medical Specialists, P.A.  
 United States Bankruptcy Court for the: Western District of Texas  
 (State)  
 Case number (if known): 16-30078

☐ Check if this is an amended filing

## Official Form 207

# Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 12/15

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

### Part 1: Income

#### 1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply

Gross revenue  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date: From 01/01/2015 to Filing date  
MM / DD / YYYY

☒ Operating a business  
☐ Other

\$ 2,166,338.00

For prior year: From 01/01/2014 to 12/31/2014  
MM / DD / YYYY MM / DD / YYYY

☒ Operating a business  
☐ Other

\$ 2,554,209.00

For the year before that: From 01/01/2013 to 12/31/2013  
MM / DD / YYYY MM / DD / YYYY

☒ Operating a business  
☐ Other

\$ 3,640,666.39

#### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each source  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date: From \_\_\_\_\_ to Filing date  
MM / DD / YYYY

\$ \_\_\_\_\_

For prior year: From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

\$ \_\_\_\_\_

For the year before that: From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

\$ \_\_\_\_\_

Debtor Border Medical Specialists, P.A.  
Name

Case number (if known) 16-30078

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <u>See attached.</u> Creditor's name  Street  City State ZIP Code		\$	<input checked="" type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>General overhead expenses.</u>
3.2.  Creditor's name  Street  City State ZIP Code		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. <u>Teresa A. Reed, Md</u> Insider's name <u>4925 Olmos Street</u> Street  <u>El Paso TX 79922</u> City State ZIP Code	<u>01/2015</u>  <u>through</u>  <u>12/2015</u>	<u>\$ 110,000.00</u>	<u>Compensation</u>
Relationship to debtor  			
4.2.  Insider's name  Street  City State ZIP Code		\$	
Relationship to debtor  			



Believe in the Community

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Border Medical Specialists P.A  
Cancer Treatment Institute  
1400 George Dieter, Ste. 170  
El Paso TX 79936

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14  
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United Bank of El Paso del Norte  
125 Mesa Hills Drive  
El Paso, Texas 79912-4874  
Telephone: 915-231-2500

Downtown Office: 401 E. Main  
West Office: 125 Mesa Hills Drive  
East Offices: 9801 Gateway West  
1726 N. Zaragoza

www.unitedelpaso.com

To report a lost or stolen debit card after normal business hours,  
please call 1-800-554-8969.

BUSINESS CHECKING ACCOUNT

MUM BALANCE	3,819.82	LAST STATEMENT 12/31/15	55,108.99
AVG AVAILABLE BALANCE	31,881.54	122 CREDITS	222,679.80
AVERAGE BALANCE	36,116.55	76 DEBITS	238,919.97
		THIS STATEMENT 01/29/16	38,868.82

DEPOSITS			
REF #	DATE	AMOUNT	
01/05	28.00	01/12	13,651.55
01/05	100.00	01/15	7,493.55
01/05	793.70	01/20	425.63
01/08	25.00	01/21	160.00
01/12	1,108.12	01/21	8,284.02
		01/21	30,000.00
		01/26	11,009.18
		01/28	40.00
		01/28	3,843.35

OTHER CREDITS		
DESCRIPTION	DATE	AMOUNT
BCBS TEXAS TRN*1*C15364E47351940*1361236610*CP20151230E4735 19400-1023061561	01/04	73.14
WELLCAREOFTexas TRN*1*1000959866*1208058761\	01/04	102.05
AMERIGROUP CORPOTRN*1*015123014100184*1752603231\	01/04	110.32
UMR THE FLEXAUSTTRN*1*9185875909*1391995276*0000UMR01\	01/04	246.78
AMERIGROUP CORPOTRN*1*015123014100396*1752603231\	01/04	822.70
BCBS TEXAS TRN*1*C15364E04530390*1361236610*CP20151230E0453 03900-1023061561	01/04	1,006.12
AETNA AS01 TRN*1*815362530002136*1066033492\	01/04	2,066.03
UnitedHealthcareTRN*1*1185804405*1411289245*000087726\	01/04	2,931.95

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## Border Medical Specialists P.A

## =====

## BUSINESS CHECKING ACCOUNT

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## - - - - - OTHER CREDITS - - - - -

DESCRIPTION	DATE	AMOUNT
AMERIGROUP CORPOTRN*1*016010112300219*1752603231\	01/05	64.16
AMERIGROUP CORPOTRN*1*015123111600081*1752603231\	01/05	110.32
HIC TRN*1*001290025217079*1391263473\	01/05	149.78
HHP TEXAS TRN*1*011840011546836*1610994632\	01/05	498.47
Care ImprovementTRN*1*1185950244*1522102846*000077082\	01/05	609.20
BCBS TEXAS TRN*1*C15365E04556850*1361236610*CP20151231E0455	01/05	949.90
68500-1023061561		
BCBS TEXAS TRN*1*C15365E47458580*1361236610*CP20151231E4745	01/05	1,350.78
85800-1023061561		
WELLCAREOFTEXAS TRN*1*1000961340*1208058761\	01/06	374.77
NOVITAS TRN*1*892141799*1205296137~	01/06	1,601.80
UnitedHealthcareTRN*1*1186158973*1411289245*000087726\	01/06	3,061.37
BCBS TEXAS TRN*1*C16004E47567430*1361236610*CP20160104E4756	01/06	12,962.95
74300-1023061561		
AIA TRN*1*081000602688643*1261193300\	01/07	41.90
TMHP TRN*1*045431151*1999746608*99999999~	01/07	442.53
AMERIGROUP CORPOTRN*1*016010511300083*1752603231\	01/07	931.78
UnitedHealthcareTRN*1*1186470916*1411289245*000087726\	01/07	1,521.63
BCBS TEXAS TRN*1*C16005E47670980*1361236610*CP20160105E4767	01/07	4,316.51
09800-1023061561		
AMERIGROUP CORPOTRN*1*016010610700635*1752603231\	01/08	10.16
AETNA AS01 TRN*1*816004560002237*1066033492\	01/08	449.69
AMERIGROUP CORPOTRN*1*016010616800142*1752603231\	01/08	525.32
BCBS TEXAS TRN*1*C16006E04699800*1361236610*CP20160106E0469	01/08	1,006.12
98000-1023061561		
BCBS TEXAS TRN*1*C16006E47781330*1361236610*CP20160106E4778	01/08	2,714.59
13300-1023061561		
AMERIGROUP CORPOTRN*1*016010714600103*1752603231\	01/11	71.71
WELLMED HTX TRN*1*081000602716299*1742889447\	01/11	129.94
UnitedHealthcareTRN*1*1186999540*1411289245*000087726\	01/11	412.22
BCBS TEXAS TRN*1*C16007E47885320*1361236610*CP20160107E4788	01/11	598.63
53200-1023061561		
HIC TRN*1*001290025303151*1391263473\	01/12	21.09
NOVITAS TRN*1*892171519*1205296137~	01/12	30.14
HHP TEXAS TRN*1*011840011552796*1610994632\	01/12	162.50
AMERIGROUP CORPOTRN*1*016010812800221*1752603231\	01/12	361.53
NOVITAS TRN*1*892171518*1205296137~	01/12	524.72
AMERIGROUP CORPOTRN*1*016010918500920*1752603231\	01/12	1,137.12
UnitedHealthcareTRN*1*1187192416*1411289245*000087726\	01/12	2,368.29
AMERIGROUP CORPOTRN*1*016010912100490*1752603231\	01/12	4,095.20
BCBS TEXAS TRN*1*C16008E47986750*1361236610*CP20160108E4798	01/12	6,635.93
67500-1023061561		
PALMETTO GBA TRN*1*896227532*1571062326~	01/13	5.35
BCBS TEXAS TRN*1*C16011E48088930*1361236610*CP20160111E4808	01/13	1,009.34
89300-1023061561		

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## Border Medical Specialists P.A

## =====

## BUSINESS CHECKING ACCOUNT

## =====

## - - - - - OTHER CREDITS - - - - -

DESCRIPTION	DATE	AMOUNT
NOVITAS TRN*1*892186548*1205296137~	01/13	1,215.47
TMHP TRN*1*045470390*1999746608*999999999~	01/14	217.55
UNITEDHEALTHCARETRN*1*1QG33570127*1411289245*000087726\	01/14	260.86
UnitedHealthcareTRN*1*1187564924*1411289245*000087726\	01/14	674.80
AMERIGROUP CORPOTRN*1*016011217100079*1752603231\	01/14	910.44
BCBS TEXAS TRN*1*C16012E48192520*1361236610*CP20160112E4819	01/14	2,802.63
25200-1023061561		
NOVITAS TRN*1*892195081*1205296137~	01/14	3,259.52
HIC TRN*1*001290025356758*1391263473\	01/15	194.95
BCBS TEXAS TRN*1*C16013E04905110*1361236610*CP20160113E0490	01/15	566.13
51100-1023061561		
AMERIGROUP CORPOTRN*1*016011312600983*1752603231\	01/15	1,358.41
BCBS TEXAS TRN*1*C16013E48302680*1361236610*CP20160113E4830	01/15	2,840.91
26800-1023061561		
AETNA AS01 TRN*1*816011500002365*1066033492\	01/15	2,966.17
NOVITAS TRN*1*892207187*1205296137~	01/15	3,768.91
AETNA AS01 TRN*1*816012560004493*1066033492\	01/19	86.23
UnitedHealthcareTRN*1*1187879800*1411289245*000087726\	01/19	221.87
WELLMED HTX TRN*1*081000602756114*1742889447\	01/19	238.56
WELLCAREOFTEXAS TRN*1*1000968784*1208058761\	01/19	378.79
WELLCAREOFTEXAS TRN*1*1000417397*1208058761\	01/19	398.86
BCBS TEXAS TRN*1*C16014E48407770*1361236610*CP20160114E4840	01/19	470.39
77700-1023061561		
CIGNA TRN*1*160114090032208*1591031071\	01/19	750.50
WELLCAREOFTEXAS TRN*1*1000969997*1208058761\	01/19	2,103.60
AMERIGROUP CORPOTRN*1*016011611600607*1752603231\	01/20	256.71
UnitedHealthcareTRN*1*1188182581*1411289245*000087726\	01/20	531.52
HHP TEXAS TRN*1*011840011562687*1610994632\	01/20	1,314.08
BCBS TEXAS TRN*1*C16015E48510340*1361236610*CP20160115E4851	01/20	1,848.29
03400-1023061561		
BCBS TEXAS TRN*1*C16018E48614430*1361236610*CP20160118E4861	01/20	2,080.71
44300-1023061561		
UNITEDHEALTHCARETRN*1*1QG33583410*1411289245*000087726\	01/21	220.26
TMHP TRN*1*045503361*1999746608*999999999~	01/21	317.55
WELLCAREOFTEXAS TRN*1*1000971290*1208058761\	01/21	362.39
UnitedHealthcareTRN*1*1188530454*1411289245*000087726\	01/21	958.41
NOVITAS TRN*1*892243233*1205296137~	01/21	1,996.97
BCBS TEXAS TRN*1*C16019E05077090*1361236610*CP20160119E0507	01/21	2,030.24
70900-1023061561		
WELLMED HTX TRN*1*081000602784727*1742889447\	01/22	283.32
AETNA AS01 TRN*1*816018520001281*1066033492\	01/22	1,407.07
HHP TEXAS TRN*1*011840011565959*1610994632\	01/22	1,421.36
NOVITAS TRN*1*892253947*1205296137~	01/22	2,258.14
UnitedHealthcareTRN*1*1188613903*1411289245*000087726\	01/22	2,265.03

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## Border Medical Specialists P.A

## =====

## BUSINESS CHECKING ACCOUNT

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## - - - - - OTHER CREDITS - - - - -

DESCRIPTION	DATE	AMOUNT
BCBS TEXAS TRN*1*C16020E48818900*1361236610*CP20160120E4881	01/22	4,056.02
89000-1023061561		
AMERIGROUP CORPOTRN*1*016012116700100*1752603231\	01/25	33.99
36 TREAS 310 MISC PAY 742687015360012	01/25	506.63
BCBS TEXAS TRN*1*C16021E48926420*1361236610*CP20160121E4892	01/25	1,241.31
64200-1023061561		
NOVITAS TRN*1*892261175*1205296137~	01/25	1,386.10
BCBS TEXAS TRN*1*C16021E05162370*1361236610*CP20160121E0516	01/25	1,429.89
23700-1023061561		
BCBS TEXAS TRN*1*C16022E05211420*1361236610*CP20160122E0521	01/26	60.76
14200-1023061561		
AMERIGROUP CORPOTRN*1*016012318200473*1752603231\	01/26	211.41
HHP TRN*1*001270013332081*1611013183\	01/26	409.73
AMERIGROUP CORPOTRN*1*016012217500010*1752603231\	01/26	542.32
AMERIGROUP CORPOTRN*1*016012316600469*1752603231\	01/26	908.89
UnitedHealthcareTRN*1*1189090612*1411289245*000087726\	01/26	2,470.73
BCBS TEXAS TRN*1*C16022E49036430*1361236610*CP20160122E4903	01/26	7,604.84
64300-1023061561		
WELLMED HTX TRN*1*081000602802040*1742889447\	01/26	10,977.17
BCBS TEXAS TRN*1*C16025E49146020*1361236610*CP20160125E4914	01/27	454.33
60200-1023061561		
AMERIGROUP CORPOTRN*1*016012616100091*1752603231\	01/28	137.91
LOYAL AMERICAN ITRN*1*04618290*1580869673\	01/28	176.80
BCBS TEXAS TRN*1*C16026E49254000*1361236610*CP20160126E4925	01/28	335.30
40000-1023061561		
TMHP TRN*1*045539836*1999746608*999999999~	01/28	799.05
UnitedHealthcareTRN*1*1189594965*1411289245*000087726\	01/28	1,893.94
NOVITAS TRN*1*892294401*1205296137~	01/28	2,837.13
Care ImprovementTRN*1*1189915566*1522102846*000077082\	01/29	51.62
36 TREAS 310 MISC PAY 742687015360012	01/29	140.71
AETNA AS01 TRN*1*816025530002551*1066033492\	01/29	203.80
AMERIGROUP CORPOTRN*1*016012718300094*1752603231\	01/29	583.35
BCBS TEXAS TRN*1*C16027E49360640*1361236610*CP20160127E4936	01/29	653.42
06400-1023061561		
UnitedHealthcareTRN*1*1189773886*1411289245*000087726\	01/29	1,756.42

## - - - - - CHECKS - - - - -

CHECK #..DATE.....AMOUNT	CHECK #..DATE.....AMOUNT	CHECK #..DATE.....AMOUNT
4008*01/25 24.95	4024 01/11 139.70	4029 01/08 2,000.00
4012 01/04 598.04	4025 01/07 8.00	4030 01/13 809.73
4013*01/06 78.70	4026 01/11 12.00	4031 01/13 809.73
4021*01/08 176.04	4027 01/11 10.00	4032 01/13 809.73
4023 01/11 431.85	4028 01/11 2,121.25	4033 01/13 127.32

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C O N T I N U E D \* \* \*

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## Border Medical Specialists P.A

## =====

## BUSINESS CHECKING ACCOUNT

## =====

CHECKS		
CHECK #..DATE.....AMOUNT	CHECK #..DATE.....AMOUNT	CHECK #..DATE.....AMOUNT
4034 01/15 343.85	4045 01/13 144.00	4058 01/21 650.00
4035 01/11 350.00	4046 01/25 739.99	4059 01/25 515.00
4036*01/13 390.00	4047*01/21 3,000.00	4060 01/25 750.00
4038*01/19 5,400.00	4052*01/20 6,985.68	4061 01/26 476.10
4044 01/12 9,230.22	4056*01/20 30,000.00	4062 01/29 929.61

(\*) INDICATES A GAP IN CHECK NUMBER SEQUENCE

OTHER DEBITS		
DESCRIPTION	DATE	AMOUNT
MERCHANT BANKCD FEE 362531201881	01/04	134.00
MERCHANT BANKCD FEE 362531224883	01/04	134.00
ADP PAYROLL FEES ADP - FEES 2R8GB 1669815	01/04	158.55
CORPORATE TURNAR PREAUTHPMT CT INSTALL	01/04	1,000.00
AMEX EPayment ACH PMT V2916	01/04	1,186.78
AMEX EPayment ACH PMT V4448	01/04	8,079.71
EL PASO WATER UT WATER BILL 0606318302	01/05	72.81
EL PASO WATER UT WATER BILL 0606316303	01/05	265.17
EL PASO WATER UT WATER BILL 0606317303	01/05	1,083.65
PAYMENT TO COMM Real Estate-INV LOAN 6000473	01/05	6,161.31
e-Banking Transfer to XXXXXXXX930	01/06	1,000.00
MISCELLANEOUS DEBIT	01/07	6,000.00
ADP Tax/401k Tax/401k RN8GB 010801A01	01/07	13,449.17
ADP EEPAY/GARNWC EEPAY/GARN 5920245958878GB	01/07	22,921.47
PRUDENTIAL INS PREM 2L8609714016007	01/08	900.45
CORPORATE TURNAR PREAUTHPMT CT INSTALL	01/08	1,000.00
PAYMENT TO COMM Real Estate-INV LOAN 7001068	01/08	5,811.05
ONE GAS TEXAS PR UTIL PAYMT 106322211594252	01/11	44.48
PAYMENT TO COMM Real Estate-INV LOAN 9000222	01/11	7,690.26
e-Banking Transfer to XXXXXXXX930	01/14	1,000.00
ADP PAYROLL FEES ADP - FEES 2R8GB 2216953	01/15	158.55
PROPEL FUNDING PAYMENT LAIXXXXX5099	01/15	836.46
PROPEL FUNDING PAYMENT LAIXXXXX6973	01/15	913.73
CORPORATE TURNAR PREAUTHPMT CT INSTALL	01/15	1,000.00
HUMANA, INC. INS PYMT 173337370001173	01/15	3,040.48
Principal Payment Loan XXXXXXXX013	01/15	4,000.00
ADP PAYROLL FEES ADP - FEES 2R8GB 2901385	01/19	250.37
ONE GAS TEXAS PR UTIL PAYMT 123232711437241	01/20	264.87
ATT Payment XXXXX8002EPAYW	01/20	322.43
AMEX EPayment ACH PMT V7992	01/20	572.58
AMEX EPayment ACH PMT V1740	01/20	8,429.63
WASTE CONNECTION WEB PAY 18168846010416	01/21	252.74
ADP Tax/401k Tax/401k RN8GB 012202A01	01/21	10,897.41

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Border Medical Specialists P.A

BUSINESS CHECKING ACCOUNT

- - - - - OTHER DEBITS - - - - -		
DESCRIPTION	DATE	AMOUNT
TEXAS BANK & TR ACH LNPYMT	01/21	10,934.57
ADP EEPAY/GARNWC EEPAY/GARN 5540582961688GB	01/21	21,135.54
ADP PAYROLL FEES ADP - FEES 8YRN8GB 3094210	01/22	62.09
CORPORATE TURNAR PREAUTHPMT CT INSTALL	01/22	1,000.00
PAYMENT TO Commercial LOAN 10000315	01/25	2,899.92
PAYMENT TO Commercial LOAN 9000013	01/25	14,146.80
EL PASO ELECTRIC ELECT BILL 0202105723	01/27	616.14
e-Banking Transfer to XXXXXXXX930	01/27	5,000.00
ANALYSIS CHARGE	01/29	60.28
ADP PAYROLL FEES ADP - FEES 2R8GB 3609438	01/29	158.55
CORPORATE TURNAR PREAUTHPMT CT INSTALL	01/29	1,000.00
UNITED FIRE & CA INS PREM 3000202804	01/29	1,797.00
HUMANA, INC. INS PYMT 173337370001173	01/29	3,015.48

- - - - - I N T E R E S T - - - - -

AVERAGE LEDGER BALANCE:	.00	INTEREST EARNED:	.00
INTEREST PAID THIS PERIOD:	.00	DAYS IN PERIOD:	
		ANNUAL PERCENTAGE YIELD EARNED:	.00%

- - - ITEMIZATION OF OVERDRAFT AND RETURNED ITEM FEES - - -

*****			
	TOTAL FOR	TOTAL	PREVIOUS
	THIS PERIOD	YEAR TO DATE	YEAR TOTAL
* TOTAL OVERDRAFT FEES:	\$ .00	\$ .00	\$180.00
* TOTAL RETURNED ITEM FEES:	\$ .00	\$ .00	\$ .00
*****			

- - - - - DAILY BALANCE - - - - -					
DATE.....	BALANCE	DATE.....	BALANCE	DATE.....	BALANCE
01/04	51,177.00	01/13	35,308.19	01/25	3,819.82
01/05	48,248.37	01/14	42,433.99	01/26	37,538.75
01/06	65,170.56	01/15	51,329.95	01/27	32,376.94
01/07	30,046.27	01/19	50,328.38	01/28	42,440.42
01/08	24,889.61	01/20	10,210.13	01/29	38,868.82
01/11	15,302.57	01/21	7,669.71		
01/12	36,168.54	01/22	18,298.56		

- END OF STATEMENT -



Believe in the Community

ACCOUNT:  
DOCUMENTS:

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Border Medical Specialists P.A  
Cancer Treatment Institute  
1400 George Dieter, Ste. 170  
El Paso TX 79936

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United Bank of El Paso del Norte  
125 Mesa Hills Drive  
El Paso, Texas 79912-4874  
Telephone: 915-231-2500

Downtown Office: 401 E. Main  
West Office: 125 Mesa Hills Drive  
East Offices: 9801 Gateway West  
1726 N. Zaragoza

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To report a lost or stolen debit card after normal business hours,  
please call 1-800-554-8969.

BUSINESS CHECKING ACCOUNT

MUM BALANCE	4,469.55-	LAST STATEMENT 11/30/15	13,222.15
AVG AVAILABLE BALANCE	19,587.42	118 CREDITS	247,223.61
AVERAGE BALANCE	23,775.90	66 DEBITS	205,336.77
		THIS STATEMENT 12/31/15	55,108.99

DEPOSITS			
REF #	DATE	AMOUNT	REF #
12/01	185.00	12/11	1,454.12
12/01	205.00	12/11	18,619.71
12/01	12,789.14	12/21	50.00
12/04	2,535.07	12/21	4,382.23
12/10	25.00	12/23	8,630.54
12/10	30.00	12/24	120.00
12/10	100.00	12/24	1,650.00

OTHER CREDITS		
DESCRIPTION	DATE	AMOUNT
NOVITAS TRN*1*891807094*1205296137~	12/01	230.84
LOYAL AMERICAN ITRN*1*04499504*1580869673\	12/01	302.33
WELLMED HTX TRN*1*081000602466048*1742889447\	12/01	2,079.83
WELLCAREOFTexas TRN*1*1000399841*1208058761\	12/02	28.84
LOYAL AMERICAN ITRN*1*04512950*1580869673\	12/02	230.21
BCBS TEXAS TRN*1*15334E45023190*1361236610*CP20151130E4502	12/02	2,822.34
31900-1023061561		
NOVITAS TRN*1*891824681*1205296137~	12/02	6,517.55

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## Border Medical Specialists P.A

## =====

## BUSINESS CHECKING ACCOUNT

## =====

## - - - - - OTHER CREDITS - - - - -

DESCRIPTION	DATE	AMOUNT
UMR COMPASS ROSETRN*1*9180951641*1391995276*0000UMR01\	12/03	149.93
AETNA A04 TRN*1*815331570003875*1066033492\	12/03	398.69
UnitedHealthcareTRN*1*1180852899*1411289245*000087726\	12/03	1,058.12
BCBS TEXAS TRN*1*C15336E03683530*1361236610*CP20151202E0368 35300-1023061561	12/04	13.66
36 TREAS 310 MISC PAY 742687015360012	12/04	140.01
BCBS TEXAS TRN*1*C15336E45247310*1361236610*CP20151202E4524 73100-1023061561	12/04	249.07
Cigna-HealthSpritRN*1*081000602491106*1621593150\	12/04	554.67
UnitedHealthcareTRN*1*1181161198*1411289245*000087726\	12/04	1,189.88
AETNA AS01 TRN*1*815334500001637*1066033492\	12/04	1,310.07
UMR TRN*1*9181844743*1391995276*0000UMR01\	12/07	110.93
BCBS TEXAS TRN*1*C15338E03780650*1361236610*CP20151204E0378 06500-1023061561	12/08	107.02
UnitedHealthcareTRN*1*1182103272*1411289245*000087726\	12/08	671.57
BCBS TEXAS TRN*1*C15338E45471260*1361236610*CP20151204E4547 12600-1023061561	12/08	3,207.51
HIC TRN*1*001290024913392*1391263473\	12/09	131.00
WELLMED HTX TRN*1*081000602518170*1742889447\	12/09	131.00
BCBS TEXAS TRN*1*C15341E45588560*1361236610*CP20151207E4558 85600-1023061561	12/09	2,725.25
AETNA H09 TRN*1*161207150021519*1066033492\	12/10	193.28
TMHP TRN*1*045318835*1999746608*999999999~	12/10	201.31
NOVITAS TRN*1*891918253*1205296137~	12/10	2,633.18
UnitedHealthcareTRN*1*1182697446*1411289245*000087726\	12/11	498.40
36 TREAS 310 MISC PAY 742687015360012	12/11	3,597.29
BCBS TEXAS TRN*1*C15344E45928720*1361236610*CP20151210E4592 87200-1023061561	12/14	7,482.67
36 TREAS 310 MISC PAY 742687015360012	12/15	1,096.29
UnitedHealthcareTRN*1*1183036588*1411289245*000087726\	12/15	2,024.41
BCBS TEXAS TRN*1*C15345E46038650*1361236610*CP20151211E4603 86500-1023061561	12/15	13,078.07
WELLCAREOFTEXAS TRN*1*1000405238*1208058761\	12/16	64.72
NOVITAS TRN*1*891954631*1205296137~	12/16	180.29
BCBS TEXAS TRN*1*C15348E04055180*1361236610*CP20151214E0405 51800-1023061561	12/16	198.45
WELLCAREOFTEXAS TRN*1*1000946530*1208058761\	12/16	7,708.06
NOVITAS TRN*1*891969704*1205296137~	12/17	180.29
36 TREAS 310 MISC PAY 742687015360012	12/17	281.42
UNITEDHEALTHCARETRN*1*1QG33507402*1411289245*000087726\	12/17	299.86
TMHP TRN*1*045347042*1999746608*999999999~	12/17	478.14
AMERIGROUP CORPOTRN*1*015121216200392*1752603231\	12/17	597.16
AMERIGROUP CORPOTRN*1*015121213100126*1752603231\	12/17	690.20
UnitedHealthcareTRN*1*1183507077*1411289245*000087726\	12/17	2,096.54

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## Border Medical Specialists P.A

## =====

## BUSINESS CHECKING ACCOUNT

## =====

## - - - - - OTHER CREDITS - - - - -

DESCRIPTION	DATE	AMOUNT
AMERIGROUP CORPOTRN*1*015121613700889*1752603231\	12/18	67.75
HIC TRN*1*001290024999584*1391263473\	12/18	73.93
PALMETTO GBA TRN*1*896037459*1571062326~	12/18	79.20
HHP TEXAS TRN*1*011840011519810*1610994632\	12/18	125.52
AMERIGROUP CORPOTRN*1*015121612100433*1752603231\	12/18	162.87
BCBS TEXAS TRN*1*C15350E46365440*1361236610*CP20151216E4636	12/18	276.43
54400-1023061561		
Care ImprovementTRN*1*1183777634*1522102846*000077082\	12/18	289.05
AMERIGROUP CORPOTRN*1*015121513900088*1752603231\	12/18	1,451.20
AETNA AS01 TRN*1*815348540004187*1066033492\	12/18	1,597.97
BCBS TEXAS TRN*1*C15350E04138840*1361236610*CP20151216E0413	12/18	3,164.35
88400-1023061561		
36 TREAS 310 MISC PAY 742687015360012	12/18	9,450.24
WELLCAREOFTEXAS TRN*1*1000406773*1208058761\	12/21	18.16
UnitedHealthcareTRN*1*1183949413*1411289245*000087726\	12/21	233.62
BCBS TEXAS TRN*1*C15351E46476850*1361236610*CP20151217E4647	12/21	4,071.26
68500-1023061561		
WELLCAREOFTEXAS TRN*1*1000949369*1208058761\	12/21	5,690.77
NOVITAS TRN*1*891991775*1205296137~	12/21	9,481.05
HHP TEXAS TRN*1*011840011528891*1610994632\	12/22	33.98
UnitedHealthcareTRN*1*1184021044*1362739571*000036273\	12/22	58.88
AMERIGROUP CORPOTRN*1*015121912900801*1752603231\	12/22	87.68
AMERIGROUP CORPOTRN*1*015121919400450*1752603231\	12/22	217.13
BCBS TEXAS TRN*1*C15352E46584870*1361236610*CP20151218E4658	12/22	249.07
48700-1023061561		
CIGNA TRN*1*151217090035219*1591031071\	12/22	256.61
WELLMED HTX TRN*1*081000602597895*1742889447\	12/22	308.51
HHP TEXAS TRN*1*011840011525197*1610994632\	12/22	432.97
WELLCAREOFTEXAS TRN*1*1000951848*1208058761\	12/23	193.06
36 TREAS 310 MISC PAY 742687015360012	12/23	851.35
BCBS TEXAS TRN*1*C15355E46697010*1361236610*CP20151221E4669	12/23	11,600.23
70100-1023061561		
UNITEDHEALTHCARETRN*1*1QG33521708*1411289245*000087726\	12/24	20.21
TMHP TRN*1*045386756*1999746608*999999999~	12/24	83.16
UnitedHealthcareTRN*1*1184563615*1411289245*000087726\	12/24	741.73
BCBS TEXAS TRN*1*C15356E04314930*1361236610*CP20151222E0431	12/24	1,217.03
49300-1023061561		
WELLCAREOFTEXAS TRN*1*1000953022*1208058761\	12/24	1,483.29
BCBS TEXAS TRN*1*C15356E46809040*1361236610*CP20151222E4680	12/24	2,856.57
90400-1023061561		
AETNA A04 TRN*1*815355490003142*1066033492\	12/28	9.86
UnitedHealthcareTRN*1*1184702958*1411289245*000087726\	12/28	479.41
WELLCAREOFTEXAS TRN*1*1000954265*1208058761\	12/28	1,243.69
AETNA AS01 TRN*1*815355350003128*1066033492\	12/28	1,542.73

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## Border Medical Specialists P.A

## =====

## BUSINESS CHECKING ACCOUNT

## =====

## - - - - - OTHER CREDITS - - - - -

DESCRIPTION	DATE	AMOUNT
AMERIGROUP CORPOTRN*1*015122610600437*1752603231\	12/29	110.32
AMERIGROUP CORPOTRN*1*015122511500089*1752603231\	12/29	124.03
WELLMED HTX TRN*1*081000602635820*1742889447\	12/29	130.38
BCBS TEXAS TRN*1*C15358E47027140*1361236610*CP20151224E4702	12/29	2,122.63
71400-1023061561		
NOVITAS TRN*1*892069042*1205296137~	12/29	3,563.78
36 TREAS 310 MISC PAY 742687015360012	12/29	3,950.62
Electronic CommeTRN*1*1185125344*1341858379*0000ECHOH\	12/30	81.27
CIGNA TRN*1*151226090035026*1591031071\	12/30	93.81
UnitedHealthcareTRN*1*1185190204*1411289245*000087726\	12/30	190.68
WELLCAREOFTEXAS TRN*1*1000957438*1208058761\	12/30	291.69
BCBS TEXAS TRN*1*C15362E04447350*1361236610*CP20151228E0444	12/30	1,896.16
73500-1023061561		
NOVITAS TRN*1*892085143*1205296137~	12/30	5,966.97
BCBS TEXAS TRN*1*C15362E47137920*1361236610*CP20151228E4713	12/30	11,295.82
79200-1023061561		
TMHP TRN*1*045400988*1999746608*999999999~	12/31	46.73
BCBS TEXAS TRN*1*C15363E47243180*1361236610*CP20151229E4724	12/31	1,156.23
31800-1023061561		
BCBS TEXAS TRN*1*C15363E04485280*1361236610*CP20151229E0448	12/31	1,965.14
52800-1023061561		
NOVITAS TRN*1*892096298*1205296137~	12/31	3,149.31
UnitedHealthcareTRN*1*1185545938*1411289245*000087726\	12/31	3,923.42

## - - - - - CHECKS - - - - -

CHECK #..DATE.....AMOUNT	CHECK #..DATE.....AMOUNT	CHECK #..DATE.....AMOUNT
3988 12/07 515.00	3997 12/14 780.00	4010 12/21 846.16
3989 12/11 3,697.50	3998 12/22 1,274.42	4011*12/24 30,000.00
3990*12/02 370.30	3999*12/24 920.11	4015 12/22 192.00
3992 12/02 670.00	4001 12/18 211.35	4016 12/22 175.00
3993 12/03 280.00	4002*12/21 630.33	4017 12/30 480.00
3994 12/22 362.50	4006 12/24 110.00	4018 12/29 423.20
3995 12/15 608.35	4007*12/23 10.00	4019 12/28 590.00
3996 12/24 2,613.75	4009 12/28 202.53	4020 12/28 72.00

(\*) INDICATES A GAP IN CHECK NUMBER SEQUENCE

## - - - - - OTHER DEBITS - - - - -

DESCRIPTION	DATE	AMOUNT
ATT Payment XXXXX8003EPAYZ	12/01	1,042.61
EL PASO ELECTRIC ELECT BILL 1957910000	12/02	2,072.76
MERCHANT BANKCD FEE 362531201881	12/03	39.00
MERCHANT BANKCD FEE 362531224883	12/03	39.00
EL PASO WATER UT WATER BILL 0606318302	12/03	72.81

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## Border Medical Specialists P.A

## ===== BUSINESS CHECKING ACCOUNT =====

DESCRIPTION	DATE	AMOUNT
EL PASO WATER UT WATER BILL 0606316303	12/03	265.17
EL PASO WATER UT WATER BILL 0606317303	12/03	856.79
AMEX EPayment ACH PMT V0226	12/03	7,583.58
ADP PAYROLL FEES ADP - FEES 2R8GB 0315783	12/04	161.26
CORPORATE TURNAR PREAUTHPMT	12/04	1,000.00
AMEX EPayment ACH PMT V2112	12/07	24,390.02
PRUDENTIAL INS PREM 2L8609714015339	12/08	900.45
CHK# 00 AMT \$9,755.92, NSF CHARGE	12/10	30.00
ONE GAS TEXAS PR UTIL PAYMT 106322211594252	12/10	44.48
ADP Tax/401k Tax/401k RN8GB 121103A01	12/10	3,169.59
PAYMENT TO COMM Real Estate-INV LOAN 9000222	12/10	7,690.26
ADP EEPAY/GARNWC EEPAY/GARN 7150605374568GB	12/10	9,755.92
CORPORATE TURNAR PREAUTHPMT CT INSTALL	12/11	1,000.00
PROPEL FUNDING PAYMENT LAIXXXXXX5099	12/15	836.46
PROPEL FUNDING PAYMENT LAIXXXXXX6973	12/15	913.73
Principal Payment Loan XXXXXX013	12/15	4,000.00
LOAN PAYMENT	12/15	5,811.05
LOAN PAYMENT	12/15	6,161.31
MISCELLANEOUS DEBIT	12/15	8,422.05
ONE GAS TEXAS PR UTIL PAYMT 123232711437241	12/17	345.56
ADP PAYROLL FEES ADP - FEES 2R8GB 0874363	12/18	153.11
CORPORATE TURNAR PREAUTHPMT CT INSTALL	12/18	1,000.00
TEXAS BANK & TR ACH LNPYMT	12/21	10,934.57
WASTE CONNECTION WEB PAY 17824183120215	12/22	252.74
ATT Payment XXXXX8003EPAYU	12/22	322.43
EL PASO ELECTRIC ELECT BILL 0202105723	12/23	569.22
HUMANA, INC. INS PYMT 173337370001173	12/23	2,990.48
ADP Tax/401k Tax/401k RN8GB 122404A01	12/23	10,887.23
ADP EEPAY/GARNWC EEPAY/GARN 6070569431948GB	12/23	22,677.21
PAYMENT TO Commercial LOAN 10000315	12/24	2,899.92
ADP PAYROLL FEES ADP - FEES 8YRN8GB 1152952	12/28	62.09
CORPORATE TURNAR PREAUTHPMT CT INSTALL	12/28	1,000.00
PAYMENT TO Commercial LOAN 9000013	12/29	14,077.04
UNITED FIRE & CA INS PREM 3000202804	12/30	1,797.00
ANALYSIS CHARGE	12/31	62.55
ATT Payment XXXXX9003EPAYD	12/31	1,041.34
EL PASO ELECTRIC ELECT BILL 1957910000	12/31	1,971.48

## - - - - - I N T E R E S T - - - - -

AVERAGE LEDGER BALANCE:	.00	INTEREST EARNED:	.00
INTEREST PAID THIS PERIOD:	.00	DAYS IN PERIOD:	
		ANNUAL PERCENTAGE YIELD EARNED:	.00%

\* \* \* C O N T I N U E D \* \* \*

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Border Medical Specialists P.A

BUSINESS CHECKING ACCOUNT

- - - ITEMIZATION OF OVERDRAFT AND RETURNED ITEM FEES - - -

	TOTAL FOR THIS PERIOD	TOTAL YEAR TO DATE
* TOTAL OVERDRAFT FEES:	\$30.00	\$180.00
* TOTAL RETURNED ITEM FEES:	\$0.00	\$0.00

NSF FEES WAIVED: \$0.00 \$90.00

DAILY BALANCE

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
12/01	27,971.68	12/11	15,002.47	12/23	33,677.39
12/02	34,457.56	12/14	21,705.14	12/24	10,542.34
12/03	26,927.95	12/15	11,150.96	12/28	11,891.41
12/04	31,759.12	12/16	19,302.48	12/29	11,984.77
12/07	6,965.03	12/17	23,580.53	12/30	29,853.17
12/08	10,050.68	12/18	38,954.58	12/31	55,108.99
12/09	13,037.93	12/21	50,470.61		
12/10	4,469.55-	12/22	49,536.35		

- END OF STATEMENT -



Believe in the Community

ACCOUNT:  
DOCUMENTS:

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11/30/2015  
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Border Medical Specialists P.A  
Cancer Treatment Institute  
1400 George Dieter, Ste. 170  
El Paso TX 79936  
30  
13  
30

United Bank of El Paso del Norte  
125 Mesa Hills Drive  
El Paso, Texas 79912-4874  
Telephone: 915-231-2500  
Downtown Office: 401 E. Main  
West Office: 125 Mesa Hills Drive  
East Offices: 9801 Gateway West  
1726 N. Zaragoza  
www.unitedelpaso.com  
To report a lost or stolen debit card after normal business hours,  
please call 1-800-554-8969.

BUSINESS CHECKING ACCOUNT

MUM BALANCE	12,403.52	LAST STATEMENT 10/30/15	25,359.63
AVG AVAILABLE BALANCE	31,669.46	103 CREDITS	174,861.30
AVERAGE BALANCE	35,368.26	64 DEBITS	186,998.78
		THIS STATEMENT 11/30/15	13,222.15

DEPOSITS			
REF #	DATE	AMOUNT	REF #
11/02	60.00	11/12	665.57
11/02	7,705.04	11/12	2,244.79
11/06	100.00	11/19	100.00
11/06	5,088.61	11/19	27,173.15
11/12	60.66	11/23	14,107.78

OTHER CREDITS		
DESCRIPTION	DATE	AMOUNT
NOVITAS TRN*1*891473395*1205296137~	11/02	572.48
HHP TEXAS TRN*1*011840011455480*1610994632\	11/03	24.00
CIGNA TRN*1*151029090035088*1591031071\	11/03	139.73
AMERIGROUP CORPOTRN*1*015103110500807*1752603231\	11/03	167.99
NOVITAS TRN*1*891495148*1205296137~	11/03	337.00
BCBS TEXAS TRN*1*C15303E42927910*1361236610*CP20151030E4292	11/03	2,436.74
79100-1023061561		
WELLCAREOFTEXAS TRN*1*1000388546*1208058761\	11/04	18.16
BCBS TEXAS TRN*1*C15306E02798740*1361236610*CP20151102E0279	11/04	40.52
87400-1023061561		

\* \* \* C O N T I N U E D \* \* \*

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## Border Medical Specialists P.A

## =====

## BUSINESS CHECKING ACCOUNT

## =====

## - - - - - OTHER CREDITS - - - - -

DESCRIPTION	DATE	AMOUNT
UNITED HEALTH CATRN*1*1176545364*1362739571*000036273\	11/04	110.37
LOYAL AMERICAN ITRN*1*04458542*1580869673\	11/04	360.60
CIGNA TRN*1*151031090034581*1591031071\	11/04	619.80
WELLCAREOFTEXAS TRN*1*1000915671*1208058761\	11/04	1,286.46
WELLCAREOFTEXAS TRN*1*1000389119*1208058761\	11/05	3.96
AIA TRN*1*081000602300023*1261193300\	11/05	35.36
TMHP TRN*1*045166116*1999746608*999999999~	11/05	71.93
UnitedHealthcareTRN*1*1177041629*1411289245*000087726\	11/05	290.02
WELLCAREOFTEXAS TRN*1*1000916683*1208058761\	11/05	1,590.74
UNITEDHEALTHCARETRN*1*1QG33414644*1411289245*000087726\	11/05	3,134.96
HHP TEXAS TRN*1*011840011461447*1610994632\	11/06	34.32
CIGNA TRN*1*151103090027091*1591031071\	11/06	866.79
UnitedHealthcareTRN*1*1177247913*1411289245*000087726\	11/06	1,395.06
BCBS TEXAS TRN*1*C15308E43253460*1361236610*CP20151104E4325	11/06	1,794.97
34600-1023061561		
NOVITAS TRN*1*891547164*1205296137~	11/06	3,164.20
36 TREAS 310 MISC PAY 742687015360012	11/09	110.70
HHP TEXAS TRN*1*011840011462974*1610994632\	11/09	346.18
WELLMED HTX TRN*1*081000602321632*1742889447\	11/09	2,376.60
HIC TRN*1*001290024512505*1391263473\	11/10	86.90
CIGNA TRN*1*151105090034762*1591031071\	11/10	577.86
NOVITAS TRN*1*891583350*1205296137~	11/10	669.08
HHP TEXAS TRN*1*011840011464187*1610994632\	11/10	2,712.66
LOYAL AMERICAN ITRN*1*04471939*1580869673\	11/12	85.97
WELLCAREOFTEXAS TRN*1*1000920512*1208058761\	11/12	98.01
NOVITAS TRN*1*891601209*1205296137~	11/12	2,739.70
WELLCAREOFTEXAS TRN*1*1000392202*1208058761\	11/13	14.20
BCBS TEXAS TRN*1*C15315E43804390*1361236610*CP20151111E4380	11/13	20.31
43900-1023061561		
Cigna-HealthSprITRN*1*081000602354906*1621593150\	11/13	88.90
UnitedHealthcareTRN*1*1178026961*1411289245*000087726\	11/13	556.84
UNITEDHEALTHCARETRN*1*1QG33428567*1411289245*000087726\	11/13	747.57
CIGNA TRN*1*151110090027624*1591031071\	11/13	1,239.60
WELLCAREOFTEXAS TRN*1*1000922606*1208058761\	11/13	1,505.23
BCBS TEXAS TRN*1*C15314E43694310*1361236610*CP20151110E4369	11/13	5,596.44
43100-1023061561		
NOVITAS TRN*1*891624022*1205296137~	11/13	6,103.97
BCBS TEXAS TRN*1*C15316E03162130*1361236610*CP20151112E0316	11/16	20.21
21300-1023061561		
36 TREAS 310 MISC PAY 742687015360012	11/16	140.71
AETNA AS01 TRN*1*815313570001444*1066033492\	11/16	170.51
WELLCAREOFTEXAS TRN*1*1000924194*1208058761\	11/16	231.10
BCBS TEXAS TRN*1*C15316E43912970*1361236610*CP20151112E4391	11/16	940.78
29700-1023061561		

\* \* \* C O N T I N U E D \* \* \*

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Border Medical Specialists P.A

BUSINESS CHECKING ACCOUNT

DESCRIPTION	DATE	AMOUNT
HHP TEXAS TRN*1*011840011472501*1610994632\	11/16	1,455.31
NOVITAS TRN*1*891659625*1205296137~	11/17	444.57
36 TREAS 310 MISC PAY 742687015360012	11/17	539.52
AMERIGROUP CORPOTRN*1*015111414400478*1752603231\	11/17	1,439.02
WELLMED HTX TRN*1*081000602379810*1742889447\	11/17	1,613.06
BCBS TEXAS TRN*1*C15317E44013090*1361236610*CP20151113E4401 30900-1023061561	11/17	4,391.54
PALMETTO GBA TRN*1*895810866*1571062326~	11/18	53.53
CIGNA TRN*1*151114090034242*1591031071\	11/18	417.11
LOYAL AMERICAN ITRN*1*04485609*1580869673\	11/18	1,119.25
WELLCAREOFTEXAS TRN*1*1000394735*1208058761\	11/19	310.85
36 TREAS 310 MISC PAY 742687015360012	11/19	362.60
BCBS TEXAS TRN*1*C15321E44235140*1361236610*CP20151117E4423 51400-1023061561	11/19	1,117.67
NOVITAS TRN*1*891692113*1205296137~	11/19	3,750.00
WELLCAREOFTEXAS TRN*1*1000927206*1208058761\	11/19	6,044.52
UnitedHealthcareTRN*1*1179206763*1411289245*000087726\	11/20	1,379.41
AMERIGROUP CORPOTRN*1*015111912600073*1752603231\	11/23	58.41
WELLCAREOFTEXAS TRN*1*1000929467*1208058761\	11/23	171.34
BCBS TEXAS TRN*1*C15323E44462150*1361236610*CP20151119E4446 1500-1023061561	11/23	188.21
36 TREAS 310 MISC PAY 742687015360012	11/23	466.73
WELLMED HTX TRN*1*081000602418460*1742889447\	11/23	1,214.35
HHP TEXAS TRN*1*011840011489459*1610994632\	11/24	102.07
AMERIGROUP CORPOTRN*1*015112116000931*1752603231\	11/24	327.45
HHP TEXAS TRN*1*011840011484500*1610994632\	11/24	465.51
AMERIGROUP CORPOTRN*1*015112014000058*1752603231\	11/24	1,001.40
HHP TEXAS TRN*1*011840011485832*1610994632\	11/24	1,128.98
WELLMED HTX TRN*1*081000602435271*1742889447\	11/25	65.19
BCBS TEXAS TRN*1*C15327E444683310*1361236610*CP20151123E4468 33100-1023061561	11/25	1,761.73
NOVITAS TRN*1*891755493*1205296137~	11/25	7,837.92
WELLCAREOFTEXAS TRN*1*1000397811*1208058761\	11/27	5.94
UnitedHealthcareTRN*1*1180039649*1411289245*000087726\	11/27	73.50
36 TREAS 310 MISC PAY 742687015360012	11/27	338.74
WELLMED HTX TRN*1*081000602448357*1742889447\	11/27	344.27
BCBS TEXAS TRN*1*C15328E44795760*1361236610*CP20151124E4479 57600-1023061561	11/27	733.98
TMHP TRN*1*045247470*1999746608*999999999~	11/27	1,178.30
WELLCAREOFTEXAS TRN*1*1000932970*1208058761\	11/27	2,465.13
UnitedHealthcareTRN*1*1180039648*1411289245*000087726\	11/27	2,512.52
AARP UnitedHealthcareTRN*1*1180129229*1362739571*000036273\	11/30	13.59
WELLCAREOFTEXAS TRN*1*1000935815*1208058761\	11/30	113.03
BCBS TEXAS TRN*1*C15329E44908020*1361236610*CP20151125E4490 80200-1023061561	11/30	230.83

\* \* \* C O N T I N U E D \* \* \*

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## Border Medical Specialists P.A

## =====

## BUSINESS CHECKING ACCOUNT

## =====

## - - - - - OTHER CREDITS - - - - -

DESCRIPTION	DATE	AMOUNT
HHP TEXAS TRN*1*011840011493974*1610994632\	11/30	360.00
UnitedHealthcareTRN*1*1180451559*1411289245*000087726\	11/30	453.22
AETNA AS01 TRN*1*815327540002854*1066033492\	11/30	628.94
NOVITAS TRN*1*891786994*1205296137~	11/30	3,962.03

## - - - - - CHECKS - - - - -

CHECK #..DATE.....AMOUNT	CHECK #..DATE.....AMOUNT	CHECK #..DATE.....AMOUNT
3928*11/02 4,950.00	3962 11/02 32.23	3974 11/02 780.00
3948 11/02 5,250.00	3963*11/16 1,377.18	3975 11/13 920.11
3949*11/03 174.20	3965 11/03 39.00	3976 11/16 4,740.55
3953 11/03 8,040.00	3966 11/04 15.00	3977 11/13 2,545.00
3954*11/03 1,072.00	3967 11/03 18.00	3978 11/19 6,000.00
3956 11/03 1,461.01	3968 11/02 14.97	3979 11/17 765.00
3957 11/02 85.14	3969 11/10 17.95	3980*11/17 502.55
3958 11/02 307.02	3970 11/04 15.95	3983 11/24 540.00
3959*11/09 313.75	3971 11/05 10.00	3984*11/25 3,782.50
3961 11/04 968.11	3972*11/03 15.97	3987 11/30 37,608.76

(\*) INDICATES A GAP IN CHECK NUMBER SEQUENCE

## - - - - - OTHER DEBITS - - - - -

DESCRIPTION	DATE	AMOUNT
MERCHANT BANKCD FEE 362531201881	11/03	28.00
MERCHANT BANKCD FEE 362531224883	11/03	28.00
EL PASO ELECTRIC ELECT BILL 1957910000	11/04	3,540.40
EL PASO WATER UT WATER BILL 0606318302	11/05	72.81
EL PASO WATER UT WATER BILL 0606316303	11/05	265.17
EL PASO WATER UT WATER BILL 0606317303	11/05	2,826.89
ADP PAYROLL FEES ADP - FEES 2R8GB 8911117	11/06	163.98
CORPORATE TURNAR PREAUTHPMT CT INSTALL	11/06	1,000.00
ONE GAS TEXAS PR UTIL PAYMT 106322211594252	11/09	44.48
PRUDENTIAL INS PREM 2L8609714015310	11/09	900.45
PAYMENT TO COMM Real Estate-INV LOAN 9000222	11/10	7,674.41
CORPORATE TURNAR PREAUTHPMT CT INSTALL	11/13	1,000.00
ADP Tax/401k Tax/401k RN8GB 111301A01	11/13	4,251.65
ADP EEPAY/GARNWC EEPAY/GARN 7180599050288GB	11/13	12,868.17
PROPEL FUNDING PAYMENT LAIXXXXX5099	11/16	836.46
PROPEL FUNDING PAYMENT LAIXXXXX6973	11/16	913.73
Principal Payment Loan XXXXXX013	11/16	4,000.00
ONE GAS TEXAS PR UTIL PAYMT 123232711437241	11/17	88.24
ATT Payment XXXXX5002EPAYL	11/17	322.55
DLX For Business BUS PROD 02035547728128	11/18	196.44
ADP PAYROLL FEES ADP - FEES 2R8GB 9686604	11/20	153.11
CORPORATE TURNAR PREAUTHPMT CT INSTALL	11/20	1,000.00

\* \* \* C O N T I N U E D \* \* \*

ACCOUNT:  
DOCUMENTS:

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Border Medical Specialists P.A

BUSINESS CHECKING ACCOUNT

DESCRIPTION	DATE	AMOUNT
- - - - - OTHER DEBITS - - - - -		
WASTE CONNECTION WEB PAY 17518493110315	11/23	227.37
TEXAS BANK & TR ACH LNPYMT	11/23	10,934.57
PAYMENT TO Commercial LOAN 10000315	11/24	2,899.92
EL PASO ELECTRIC ELECT BILL 0202105723	11/25	694.09
PAYMENT TO Commercial LOAN 9000013	11/25	14,286.47
ADP PAYROLL FEES ADP - FEES 8YRN8GB 9850757	11/27	62.09
ADP Tax/401k Tax/401k RN8GB 112702A01	11/27	8,558.65
ADP EEPAY/GARNWC EEPAY/GARN 6220374842328GB	11/27	19,611.68
ANALYSIS CHARGE	11/30	52.34
CORPORATE TURNAR PREAUTHPMT CT INSTALL	11/30	1,000.00
UNITED FIRE & CA INS PREM 3000202804	11/30	1,798.00
HUMANA, INC. INS PYMT 173337370001173	11/30	2,336.71

- - - - - I N T E R E S T - - - - -

AVERAGE LEDGER BALANCE: .00 INTEREST EARNED: .00  
INTEREST PAID THIS PERIOD: .00 DAYS IN PERIOD:  
ANNUAL PERCENTAGE YIELD EARNED: .00%

- - - ITEMIZATION OF OVERDRAFT AND RETURNED ITEM FEES - - -

	TOTAL FOR THIS PERIOD	TOTAL YEAR TO DATE
* TOTAL OVERDRAFT FEES:	\$ .00	\$150.00
* TOTAL RETURNED ITEM FEES:	\$ .00	\$ .00

NSF FEES WAIVED: \$ .00 \$90.00

DAILY BALANCE

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
11/02	22,277.79	11/12	29,459.23	11/23	61,110.85
11/03	14,507.07	11/13	23,747.36	11/24	79,934.58
11/04	12,403.52	11/16	14,838.06	11/25	70,836.36
11/05	14,355.62	11/17	21,587.43	11/27	50,256.32
11/06	25,635.59	11/18	22,980.88	11/30	13,222.15
11/09	27,210.39	11/19	55,839.67		
11/10	23,564.53	11/20	56,065.97		

- END OF STATEMENT -



Debtor Border Medical Specialists, P.A.  
NameCase number (if known) 16-30078**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	Creditor's name _____ Street _____ City State ZIP Code	_____	_____	\$ _____
5.2.	Creditor's name _____ Street _____ City State ZIP Code	_____	_____	\$ _____

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

	Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
	Creditor's name _____ Street _____ City State ZIP Code	_____	_____	\$ _____

Last 4 digits of account number: XXXX- \_\_\_\_\_

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

	Case title	Nature of case	Court or agency's name and address	Status of case
7.1.	<u>Accelerator v. Border Medical</u>	<u>Foreign Judgment</u>	<u>41st Judicial District Court</u> Name <u>500 E. San Antonio Ave.</u> Street <u>Suite 1006</u> <u>El Paso TX 79901</u> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number <u>2015DCV3481 (See attached docket)</u>			
7.2.	Case title _____		Court or agency's name and address Name _____ Street _____ City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number _____			

[Skip to Main Content](#) [Logout My Account](#) [Search Main Menu](#) [New Civil Search](#) [Refine Search](#) [Back](#)[Location](#) [All Courts](#) [Help](#)**REGISTER OF ACTIONS****CASE No. 2015DCV3481****ACCELERATOR SERVICE AND PARTS, LLC VS TERESA REED and  
BORDER MEDICAL SPECIALISTS, P.A. a Texas Professional  
Corporation, d/b/a CANCER TREATMENT CENTER**\$  
\$  
\$  
\$  
\$Case Type: **Other Civil**  
Date Filed: **10/14/2015**  
Location: **41st District Court****PARTY INFORMATION****Defendant** **BORDER MEDICAL SPECIALISTS, P.A. a  
Texas Professional Corporation, d/b/a  
CANCER TREATMENT CENTER****Lead Attorneys**  
**HUGO MADRID**  
*Retained*  
915-351-9772(W)**Defendant** **REED, TERESA A****HUGO MADRID**  
*Retained*  
915-351-9772(W)**Plaintiff** **ACCELERATOR SERVICE AND PARTS,  
LLC****STUART R SCHWARTZ**  
*Retained*  
915-533-2493(W)**EVENTS & ORDERS OF THE COURT****DISPOSITIONS**10/14/2015 **Foreign Judgment**  
Comment (From the County of Maricopa)**OTHER EVENTS AND HEARINGS**

10/14/2015 **E-File Event Original Filing**  
10/14/2015 **Case Information Sheet** Doc ID# 2  
10/14/2015 **Notice of Foreign Judgment Sent** Doc ID# 3  
10/14/2015 **Notice of Foreign Judgment Sent** Doc ID# 4  
10/14/2015 **Notice of Foreign Judgment Sent** Doc ID# 5  
10/14/2015 **Affidavit** Doc ID# 6  
10/14/2015 **Proof of Service** Doc ID# 7  
11/05/2015 **Entry of Appearance** Doc ID# 8  
11/05/2015 **Motion for Protective Order** Doc ID# 9  
11/11/2015 **Application** Doc ID# 10  
11/13/2015 **Request** Doc ID# 11  
11/13/2015 **Notice of Hearing** Doc ID# 12  
11/17/2015 **Writ of Execution**  
BORDER MEDICAL SPECIALISTS, P.A. a Texas  
Professional Corporation, d/b/a CANCER  
TREATMENT CENTER  
Served 01/26/2016  
Returned 01/28/2016

12/09/2015 **Response in Opposition**  
12/10/2015 **Protective Order Hearing** (1:30 PM) ()  
12/10/2015 **Motion to Quash Hearing** (1:30 PM) ()  
12/10/2015 **Motion Hearing** (1:30 PM) ()  
12/10/2015 **Order**  
12/11/2015 **Motion to Modify** Doc ID# 13  
01/06/2016 **Application for Turnover Relief** Doc ID# 14  
01/08/2016 **Notice of Hearing** Doc ID# 15  
01/19/2016 **Suggestion of Bankruptcy** Doc ID# 16  
01/21/2016 **Motion Hearing** (2:15 PM) (Judicial Officer Perez, Annabell)  
01/22/2016 **Brief in Opposition** Doc ID# 17  
01/25/2016 **Order Setting Hearing** Doc ID# 18  
01/26/2016 **Motion Hearing** (9:30 AM) (Judicial Officer Perez, Annabell)  
01/26/2016 **Other Pleading** Doc ID# 19  
01/26/2016 **Oath** Doc ID# 20  
01/26/2016 **Order for Turnover** Doc ID# 21

Debtor Border Medical Specialists, P.A.  
Name

Case number (if known) 16-30078

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address

Description of the property

Value

Custodian's name

Case title

Court name and address

Street

Name

City

State

ZIP Code

Case number

Street

Date of order or assignment

City

State

ZIP Code

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address

Description of the gifts or contributions

Dates given

Value

9.1. Recipient's name

Street

City

State

ZIP Code

Recipient's relationship to debtor

9.2. Recipient's name

Street

City

State

ZIP Code

Recipient's relationship to debtor

**Part 5: Certain Losses**

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred

Amount of payments received for the loss

Date of loss

Value of property lost

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

None other than any which may be reflected in the 2015 Tax Return.

\$

Debtor Border Medical Specialists, P.A.  
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**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<u>MIRANDA &amp; MALDONADO, P.C.</u>	<u>Cash</u>	<u>01/19/2016</u>	<u>\$ 30,000.00</u>
	<b>Address</b> <u>5915 Silver Springs, Bldg. 7</u> <small>Street</small> <u>El Paso TX 79912</u> <small>City State ZIP Code</small> <b>Email or website address</b>  <b>Who made the payment, if not debtor?</b> 			

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.				\$
	<b>Address</b>  <small>Street</small>  <small>City State ZIP Code</small> <b>Email or website address</b>  <b>Who made the payment, if not debtor?</b> 			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
			\$
<b>Trustee</b> 			

Debtor Border Medical Specialists, P.A.  
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**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____	_____	_____	\$ _____
<b>Address</b>			
Street _____			
_____			
City _____	State _____	ZIP Code _____	
<b>Relationship to debtor</b>			
_____			
13.2. _____	_____	_____	\$ _____
<b>Address</b>			
Street _____			
_____			
City _____	State _____	ZIP Code _____	
<b>Relationship to debtor</b>			
_____			

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy
14.1. <u>7825 North Mesa Street</u>	From <u>2011</u> To <u>2013</u>
Street _____	(Used concurrently with the address of record. Debtor operated 2 locations)
<u>El Paso</u> <u>TX</u> <u>79912</u>	
City _____ State _____ ZIP Code _____	
14.2. _____	From _____ To _____
Street _____	
_____	
City _____ State _____ ZIP Code _____	

Debtor Border Medical Specialists, P.A.  
NameCase number (if known) 16-30078**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or  
 — providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. <u>Cancer Treatment Institute</u> <small>Facility name</small> <u>1400 George Dieter Road, Suite 170</u> <small>Street</small> <u>El Paso TX 79936</u> <small>City State ZIP Code</small>	<u>The Debtor operates a radiation oncologist business</u>  <u>1400 George Dieter Road - Current files.</u> <u>7825 N. Mesa Street - Old files/Archives</u>	<u>N/A</u>  How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.2. _____ <small>Facility name</small> _____ <small>Street</small> _____ <small>City State ZIP Code</small>	_____  Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____ _____	_____  How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained. Social security number, insurance account info, medical history.

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

☐ No. Go to Part 10.☒ Yes. Fill in below:

Name of plan

Vanguard SEP-IRA

Employer identification number of the plan

EIN: 7 4 - 2 6 8 7 0 1 5

Has the plan been terminated?

☒ No☐ Yes

Debtor Border Medical Specialists, P.A.  
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**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<b>United Bank of El Paso Del Norte</b> Name <b>401 E. Main Street</b> Street  <b>El Paso TX 79901</b> City State ZIP Code	xxxx- <u>9 3 6 9</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____		\$ _____
18.2.	Name Street  City State ZIP Code	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____		\$ _____

NOTE: Debtor will file motion to maintain this prepetition account open.

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name Street  City State ZIP Code	   Address  	   	<input type="checkbox"/> No <input type="checkbox"/> Yes

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name Street  City State ZIP Code	   Address  	   	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Border Medical Specialists, P.A.  
NameCase number (if known) 16-30078**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			\$
Street			
City State ZIP Code			

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**☒ No☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number	Name		<input type="checkbox"/> Pending
	Street		<input type="checkbox"/> On appeal
	City State ZIP Code		<input type="checkbox"/> Concluded

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**☒ No☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		



Debtor Border Medical Specialists, P.A.  
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ - _____ Dates business existed From _____ To _____
25.1. _____ Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	
25.2. _____ Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	
25.3. _____ Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	

Debtor Border Medical Specialists, P.A.  
Name

Case number (if known) 16-30078

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Dates of service

26a.1. Tammy Vasilatos, CPA

From \_\_\_\_\_ To Date

Name

118 Mesa Park Drive, Suite 300

Street

El Paso

TX

79912

City

State

ZIP Code

Name and address

Dates of service

26a.2.

From \_\_\_\_\_ To \_\_\_\_\_

Name

Street

City

State

ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address

Dates of service

26b.1. Tammy Vasilatos, CPA

From \_\_\_\_\_ To Date

Name

118 Mesa Park Drive, Suite 300

Street

El Paso

TX

79912

City

State

ZIP Code

Name and address

Dates of service

26b.2.

From \_\_\_\_\_ To \_\_\_\_\_

Name

Street

City

State

ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. See Answers to Questions 26a1 and 26b1 above.

Name

Street

City

State

ZIP Code

Debtor Border Medical Specialists, P.A.  
Name

Case number (if known) 16-30078

**Name and address**

**If any books of account and records are unavailable, explain why**

26c.2.

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

**Name and address**

26d.1.

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Name and address**

26d.2.

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of inventory**

**The dollar amount and basis (cost, market, or other basis) of each inventory**

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

**Name and address of the person who has possession of inventory records**

27.1.

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Debtor Border Medical Specialists, P.A.  
Name

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<b>Name of the person who supervised the taking of the inventory</b> <hr/>	<b>Date of inventory</b> <hr/>	<b>The dollar amount and basis (cost, market, or other basis) of each inventory</b> \$ <hr/>	
<b>Name and address of the person who has possession of inventory records</b>  27.2. <hr/> Name <hr/> Street <hr/> City <hr/> State <hr/> ZIP Code <hr/>			
<b>28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.</b>			
<b>Name</b>	<b>Address</b>	<b>Position and nature of any interest</b>	<b>% of interest, if any</b>
<u>Teresa A. Reed, Md</u>	<u>4925 Olmos Drive, El Paso TX 79922</u>	<u>President</u>	<u>100%</u>
<b>29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify below.			
<b>Name</b>	<b>Address</b>	<b>Position and nature of any interest</b>	<b>Period during which position or interest was held</b>
			From <u> </u> To <u> </u>
			From <u> </u> To <u> </u>
			From <u> </u> To <u> </u>
			From <u> </u> To <u> </u>
<b>30. Payments, distributions, or withdrawals credited or given to insiders</b> Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Identify below.			
<b>Name and address of recipient</b>	<b>Amount of money or description and value of property</b>	<b>Dates</b>	<b>Reason for providing the value</b>
30.1. <u>Teresa A. Reed</u>	<u>\$110,000.00</u>	<u>01/15-12/15</u>	<u>Compensation</u>
Name <u>4925 Olmos Street</u>			<u>for services.</u>
Street <u> </u>			
<u>El Paso</u>	<u>TX</u>	<u>79922</u>	
City <u> </u>	State <u> </u>	ZIP Code <u> </u>	
<b>Relationship to debtor</b>			

Debtor Border Medical Specialists, P.A.  
Name

Case number (if known) 16-30078

**Name and address of recipient**

30.2

Name

Street

City State ZIP Code

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation

Employer identification number of the parent corporation

EIN: -

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund

Employer identification number of the pension fund

None other than the Vanguard SEP-IRA listed above.

EIN: -

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 02/16/2016  
MM / DD / YYYY

☒ /s/ Teresa A. Reed, Md

Printed name Teresa A. Reed, Md

Signature of individual signing on behalf of the debtor

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes